HEALTHY LIVING IN HEALTHY COMMUNITIES

PRINCE ALBERT PARKLAND
HEALTH REGION

2004-05 ANNUAL REPORT

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Annual Report is available online at www.paphr.sk.ca

Statistics used in this publication include information from data provided by Statistics Canada, Canadian Institute for Health Information, Saskatchewan Health and Prince Albert Parkland Health Region.

105-06506/

Letter of Transmittal

PRINCE ALBERT PARKLAND
HEALTH REGION

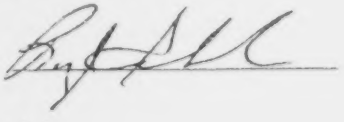
Healthy Living in Healthy Communities

To: Minister of Health

The Prince Albert Regional Health Authority is please to provide you and the residents of the health region with its 2004-05 annual report.

This report provides the audited financial statements of the region for the year ended March 31, 2005 as well as outlining the Region's activities and accomplishments for that period.

Respectfully submitted,



Ray Ewanchuk
Chairperson

OUR VISION
Healthy Living in Healthy Communities.

OUR MISSION
People, Families, and Communities
Working Together Towards Improved Health
in Prince Albert Parkland Health Region.

OUR VALUES

We value:

- And respect the dignity, rights and cultures of all.
- Being fiscally accountable and responsible.
- Providing a quality health system that is effective and responsive.
- Community involvement in the delivery of quality health care.
- Being environmentally responsible.
- Ensuring a quality workplace where our employees and volunteers feel supported, encouraged, and appreciated personally and professionally.

Ray Ewanchuk

Howard Gange

Irene Attrux

Jack Boechler

Lionel Ferguson

Brenda Green

Angelique Haysom

Larry Hill

Patricia Leson

Phil Morin

Cecile O'Neil

Lorraine Saam

The Authority

The Prince Albert Parkland Regional Health Authority is responsible for the delivery of care to residents of the third most populous Region in Saskatchewan. The Region also serves as major referral centre for much of Northern Saskatchewan, in addition to other Regions for some specialized medical services.

The Region, through Victoria Hospital, provides a wider scope of service than all other hospitals outside of the tertiary centres in Saskatoon and Regina.

Prince Albert Parkland serves more than 77,000 residents. The population in PAPHR is relatively young. The 65+ population is higher than the provincial average, but it is growing at a slower rate than the rest of the Province. PAPHR will need to provide more services such as pediatrics and maternity to meet the needs of younger people.

The Region's urban population is 49.0%, lower than both the Province at 64.1% and Canada at 79.6%. Prince Albert is the only city within the Region. There are eight other communities in the Region with a population of more than 1,000, and four of those communities are First Nation's reserves. A little more than 70 per cent of the Region's population lives within 30 minutes of the City of Prince Albert.

The Authority is composed of 12 members appointed by the Minister of Health, and receives jurisdiction through the Regional Health Services Act, which was proclaimed on August 1, 2002.

Prince Albert Parkland RHA is a policy governance board, and has its specific role defined by the "Roles and Expectations of the Minister of Health and Saskatchewan's Regional Authorities."

Health Regions have the responsibility for delivering the following services:

- ⇒ Hospitals;
- ⇒ Health centres, wellness centres, and social centres;
- ⇒ Emergency response services, including first responders, ambulance;
- ⇒ Supportive Care, such as long-term care, day programs, respite, palliative care and programs for patients with multiple disabilities;

Who we are

- ⇒ Home care;
- ⇒ Community health services, such as public health nursing, public health inspection, dental health, vaccinations, and speech pathology;
- ⇒ Mental health services; and
- ⇒ Rehabilitation services.

Administration and staff ensure the day-to-day delivery of those services and programs, while the Authority has six key areas of responsibility:

- ⇒ Strategic planning;
- ⇒ Fiscal management and reporting;
- ⇒ Relationships;
- ⇒ Quality management;
- ⇒ Monitoring, evaluation and reporting; and
- ⇒ Management and performance.

For these six areas the Prince Albert Parkland Regional Health Authority is guided in its decision-making process by its own Mission, Vision and Values, along with those outlined in "The Action Plan for Saskatchewan Health Care."

The Authority has developed a committee structure to further those goals. Standing committees include the Committee of the Whole, Executive Committee, Joint Conference Committee, Community Advisory Network, First Nations Community Advisory Network, Communications Committee and Policy Committee.

The Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region.

There have been two joint meetings of the two Networks, one in July 2004 and a second in January 2005.

First Nations Community Advisory Network has also held six meetings, as well as hosting a conference "Journey to Partnering in Health" in November 2004. More than 70 people from throughout the Region—as well as from other organizations involved in health-care services for people in this Region, attended the two-day event. The conference focused on First Nation health-care needs and how the Health Region can work with First Nations partners to improve the health status of First Nations people.

The Community Advisory Networks and other committees provide feedback, advice and recommendations for the Authority that are presented at the regular monthly meetings held in communities throughout the Region. The Authority meetings are open to the public, and agenda materials are available on a subscription basis the day of the meetings.

In addition to the public Authority meetings, the board strives to be open and accountable for its decisions. Following each regular meeting information regarding decisions and agenda items is included in a highlights package sent to media covering the region, as well as municipal (urban and rural) offices as well as First Nations.

The Region has also introduced a quarterly newsletter (Prince Albert Parkland News), to provide information directly to the public about the Health Region's activities and announcements. There were two issues published during 2004-05, with stories about the Region's accreditation process, Quality Improvement initiatives, as well information about board meetings and volunteer opportunities.

The Authority continued to meet with stakeholders throughout the Region during 2004-05. The meetings included formal presentation to the board and informal sessions with community leaders and health organizations.

As well as working with the people of the Region, the

Prince Albert Parkland Health Region

NEWS

Winter 2005 Edition

Dates to remember

Quality improvement is a continuous process

Chief of Staff a QI Champion

HealthLine 1-877-800-0002

Rural/Urban Community Advisory Network Members

- Stan Novicki, Hafford
- Richard Porter, Shellbrook
- Etta Sackney, Candle Lake
- Rick Bompais, Birch Hills
- Eva King, Paddockwood
- Alice Tataryn, Christopher Lake
- Lyle Karasiuk, Prince Albert
- Harvey Wendel, Shellbrook
- Dora Austin, Birch Hills
- Jim Laing, Christopher Lake
- Edwin Rundbraaten, Birch Hills
- Vince Robillard, Holbein
- Lorraine Diesen, Shell Lake

First Nation Community Advisory Network Members

- Ernest Sauve, co-chair
- Phil Morin, co-chair, PAPHR
- Ray Ewanchuk, PAPHR
- Larry Hill, PAPHR
- Lorette Dreaver, Big River First Nation
- Deanna Greyeyes, Muskeg Lake Cree Nation
- Beryl Bear, Muskoday First Nations
- Ernie Dreaver, Muskoday First Nation
- Willie Thomas, Pelican Lake First Nation
- David Thomas, Pelican Lake First Nation
- Arnold Naytayhow, Montreal Lake Cree Nation
- Eliza Bird, Little Red Health Clinic
- Penny Burns, James Smith Cree Nation
- Stephanie Bird, Wahpeton Dakota Nation
- Wayne Ahenakew, Ahtahkakoop Cree Nation
- Deloris Fineday, Witchekan Lake First Nation
- Herb Fiddler, Pelican Lake First Nation
- Shirley Bighead, Sturgeon Lake First Nation
- Lyndon Tieszen, Mistawasis First Nation

Authority and senior executives are emphasizing a stronger relationship with staff in the Region. Members of the Authority conduct twice-yearly direct reviews of policy regarding treatment of staff and volunteers. In 2004-05, Authority members visited six of the Region's workplaces and reported to the board.

Under the Region's organizational structure, the vice-presidents are responsible for a wide variety of program and service areas. Those areas are divided along both service types, as well as geographically.

The Vice-President of Acute and Emergency Services is responsible for the majority of activity at Victoria Hospital, as well as ambulance coverage and overall property management.

The Vice-President of Primary and Community Care is responsible for integrated facilities in Big River and Spiritwood, the Shellbrook Hospital, Mental Health Inpatient, the Primary Care sites as well as the many of the community-based programs.

The Vice-President of Supportive Services is responsible for the long-term care facilities (except for the integrated facilities), as well as home care and special projects.

In addition to the Chief Executive Officer and the Vice-Presidents, the Region's executive committee includes the Chief Financial Officer and Chief Human Resources Officer. The CFO is responsible for finance, materials management and information management. The CHRO is responsible for payroll, labour relations, organizational health and development, recruitment, volunteer services and the representative workforce program.

The Regional Health Authority is also receiving regular reports from its Quality Teams. These teams were originally formed to prepare for accreditation from the Canadian Council on Health Service Accreditation. That process culminated with a visit in May/June 2004. The result was Accreditation with Report.

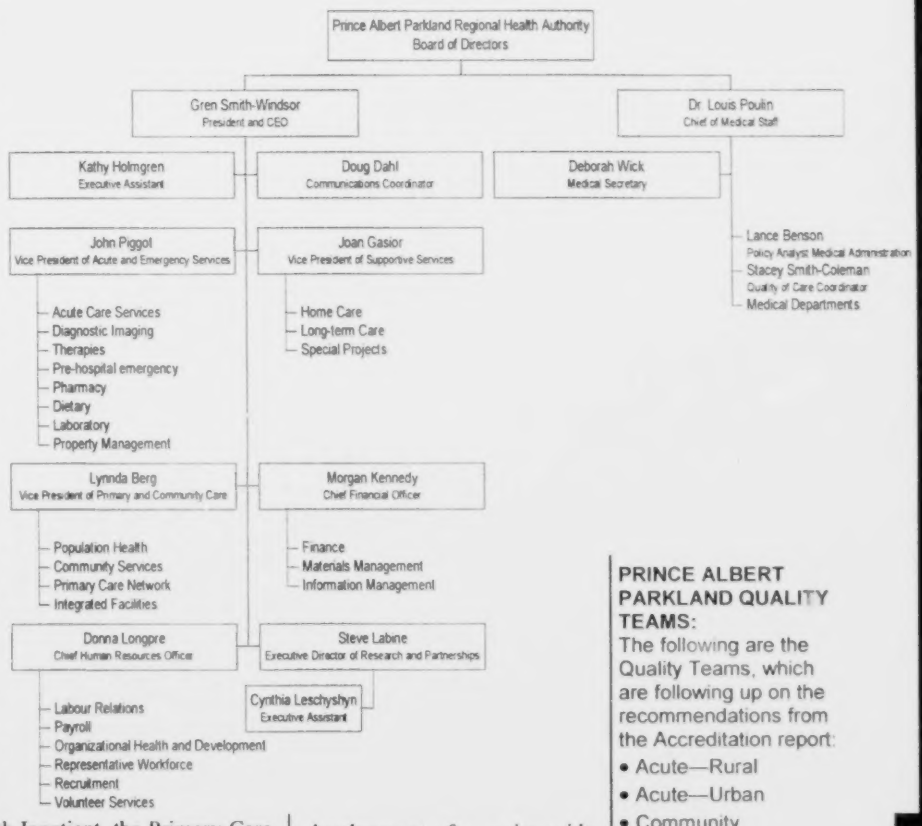
Prince Albert Parkland Health Region was required to submit reports with two separate deadlines. The first progress report, detailing the development of policy for monitoring bathtub water temperatures and the replacement of the medication cart on the pediatric unit, was submitted by January 31, 2005. A second progress report regarding the development of a region-wide comprehensive quality improvement plan, and the provision of treatment to child and youth mental health inpatients that enables programming and activities specific to this population, is to be submitted by July 29, 2005.

Since the conclusion of the accreditation process, the Quality Teams have been scheduled to report to the Authority board on a rotating basis, with one report from each team annually. The current focus is on the development of indicators to measure progress, as well as further developing the terms of reference and membership.

The Quality Teams include a broad cross-section of Health Region employees, and often include at least one representative of the public. The initial reports to the Authority discuss the recommendations from the accreditation process, the challenges the teams have identified and the current action plans to address the issues.

These reports, and involvement of staff and the community build on the a number of the key areas of the Authority's strategic plan.

Prince Albert Parkland Regional Health Authority Organization Structure



PRINCE ALBERT PARKLAND QUALITY TEAMS:

The following are the Quality Teams, which are following up on the recommendations from the Accreditation report:

- Acute—Rural
- Acute—Urban
- Community
- Environment
- Home Care
- Human Resources
- Information Management
- Leadership & Partnership
- Long-Term Care
- Maternal Child
- Mental Health & Substance Abuse

Strategic Direction

In the fall of 2004 and early 2005, the Authority board held strategic planning sessions looking towards future goals and direction. The sessions involved the Authority members and senior management from the Health Region.

As a result, the Authority has developed several strategic initiatives, including short and long-term objectives.

The short-term, (0-24 months) objectives includes:

- ⇒ Enhance/improve consultation with employees, communities and Department of Health to enhance the strategic planning process and direction setting.
- ⇒ Improve/enhance the relationship with front-line staff.
- ⇒ Set standards for quality and accessibility.
- ⇒ Establish targets with management to set implementation strategies (non-monetary, and including a trend line).
- ⇒ Ensure the Board operational plan reflects what is accountable to the Department of Health.
- ⇒ Prepare and adhere to a balanced budget.
- ⇒ Direct management to engage staff with the goal of reduced WCB claims and sick leave.

Long-term (24-36 months) priorities include:

- ⇒ Develop a process to identify risks, with a need to link to setting standards for accessibility.
- ⇒ Develop a Northern Centre for Health Excellence. There is a need to define the Centre of Excellence and the target groups, as well as a need to collaborate with other Northern Regions to determine how to best provide services.
- ⇒ Improve the Board's planning process.
- ⇒ Correlate finances to programs (ends policies), and follow the balanced scorecard for accountability.
- ⇒ Put staff development and education under one policy.

As part of the strategic planning process, Prince Albert Parkland Health Region undertook an Institutional Services Needs Assessment during the 2000-05 fiscal year, including a series of community consultation meetings throughout the Region in January and February of 2005.

The results of the Institutional Needs Assessment will provide a framework for future capital facility needs and a plan for delivery of services that are dependent on purpose-built facilities—including hospital, health centres and long-term care facilities.

The Institutional Services Needs Assessment Report should be prepared for the board, along with a proposal for future capital needs, early in the 2005-06 fiscal year.

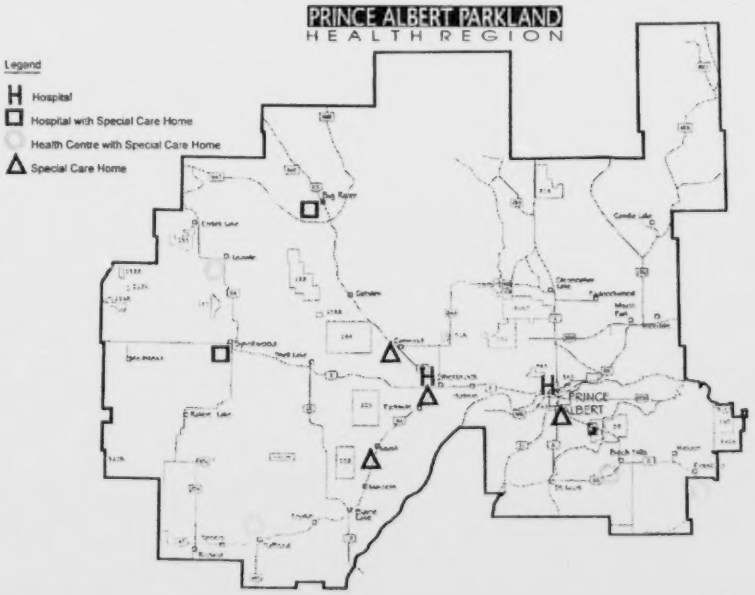
The community consultation phase of the needs assessment process provided an opportunity for the Health Region and Authority members to hear concerns and answer questions from staff and residents throughout the Region.

At meetings held in the 10 communities with institution-based services, the Authority met with approximately 1,100 staff members and residents of the Region. In addition, there were several written submission regarding the material presented and the questions asked regarding future direction for the Health Region.

While each community raised concerns specific to their own circumstances, three issues were a common theme throughout the Health Region:

- ⇒ Access to emergency services;
- ⇒ Access to physician services;
- ⇒ Recruitment and retention of health-care professionals and the effects on future service options.

Those three issues, particularly physician and other health-care professional recruitment and retention, have an impact in both the structure of the Health Region's facility plan and how services can be delivered to the people who need them. This presents challenges to ensure services and programs are available to the right people, at the right time and in an appropriate location—ensuring timely access to quality health-care services.



The current facility structure includes hospitals, health centres, integrated facilities, special care homes, mental health inpatient facility, and office space for community-based programs. There are facilities in 10 communities. The capital plan will review the capacity and needs into the future, recommending potential renovations and new projects to update facilities or replace time-expired ones.

The configuration of facilities and institution-based services is only one aspect of health-care delivery. Prince Albert Parkland Health Region is strengthening the role of other programs and services in communities throughout the Region. Many of the those community-based services are operated by the Health Region; however, there are also many partners who deliver necessary services to the Region's residents.

Health Care Organizations and Third-Party Relationships

Prince Albert Parkland Health Region's Mission of "People, families and communities working together towards improved health," is very evident in its relationships and partnerships with organizations delivering health-care services throughout the Region.

Community-based organizations provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

Prince Albert Community Alcohol and Drug Addiction Centre provides outpatient alcohol and drug services for residents, providing a full range of adult addictions services including counseling, Driving Without Impairment program, and support groups. Separate funding is received for the Safe Driving program, which is funded in partnership with SGI.

Health Care Organizations and Third-Party Relationships:

- Canadian Mental Health Association
- Co-operative Health Centre
- Family Futures
- Prince Albert Council on Alcohol and Drug Abuse
- Prince Albert Mobile Crisis
- Prince Albert Early Childhood Intervention
- S.H.A.R.E.
- Blaine Lake Ambulance
- Parkland Ambulance
- Spiritwood Ambulance
- Big River Ambulance
- SGI and WCB
- Saskatoon Cancer Clinic
- St. Paul's Hospital

Self Help and Recreation Education provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. It serves as a group home for clients discharged from Mental Health inpatient Villas at the Victoria Hospital. In Prince Albert, SHARE offers a six-space, group home program and two respite beds as well as outreach services for persons needing support in the community.

The Canadian Mental Health Association is a valuable partner, which assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA has clients in low-skilled jobs and pre-vocational training. This is done through obtaining employment at As Good As New (a used clothing store in Prince Albert), obtaining skills through the quilting projects and shopping skills project, and other life skills.

Family Futures is contracted to provide parent support for the geographic area of the former Prince Albert Health District. Workers provide counseling, referral and emotional support to high risk parents with preschool children.

The Co-operative Health Centre in Prince Albert is a partner for three separate programs.

The Centre delivers the Methadone Program for IV drug users. Other agencies such as the Prince Albert City Police and Prince Albert pharmacists also form part of the management group for the program. Local Prince Albert pharmacies provide the methadone to the users who have been assessed and are being monitored by a physician with specialized addictions training. A valuable addition for this program comes from another partner, the Prince Albert Grand Council. PAGC provides a Kookum Project which links an Aboriginal Elder with an IV drug user on the Methadone program. By using the Elders as support persons to these individuals, it is hoped that substance abuse can be curtailed.

The Health Region provides clerical and physician office at the Birch Hills Health Centre – one of the Region's Primary Care sites with physicians from the Co-operative Health Centre.

The Dental Pilot Project is a school-based dental treatment program to several schools within the City of Prince Albert. There is a prevention component to the program.

Mobile Crisis Cooperative provides 24-hour service to clients in crisis. Services includes a crisis phone line, mobile workers who attend to the clients and a sexual assault program.

In addition to those programs, the Health Region contracts services with several other organizations to provide necessary services for the residents of the Region.

Ambulance services are contracted with Parkland Ambulance Care (Prince Albert), Blaine Lake Ambulance Care, Spiritwood Ambulance Care and Big River Ambulance Care. There are also agreements with WPD Battleford and Melfort Ambulance Care to provide service to parts of Prince Albert Parkland that are closer to those communities.

The Chemotherapy Outreach Program of Saskatchewan provides services at Victoria Hospital. The program is an extension of the Saskatoon Cancer Clinic.

Another outreach program, is the Dialysis Unit at Victoria Hospital. It is an extension of the unit at St. Paul's Hospital in Saskatoon.

The Secondary Assessment and Treatment Program is a working relationship with SGI and the Workers' Compensation Board. Ongoing therapies provided to SGI and WCB clients.

SGI is also a partner for the Acquired Brain Injury Program. A variety of services are provided to individuals, groups, and families so that they may live successfully in their communities with improved quality of life.

Local retail pharmacies provide medication dispensing and consultation to special care homes throughout the region.

As part of their funding agreements, all of the Health-Care Organizations and Third-Party contractors provide reports regarding their activities and the funding from the Health Region.

Regional Environmental Scan

Prince Albert Parkland Health is the third-most populous region in Saskatchewan, with a population of 77,386 (Saskatchewan Health, Covered Population, June 2004). The demographics of the Region present challenges for service delivery, while the health status and indicators demonstrate a number of very specific health-care issues.

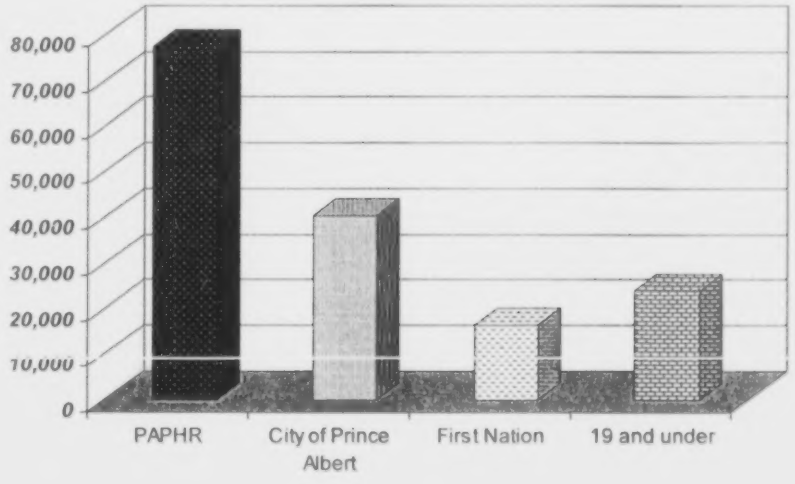
The population in PAPHR is relatively young. The 65-plus population is higher than the provincial average, but it is growing at a slower rate than the rest of the Province. PAPHR will need to provide more services such as pediatrics and maternity to meet the needs of younger people.

The indicators demonstrate a somewhat conflicted picture of the health of residents in the Health Region. There are challenges, not unique to Prince Albert Parkland, in dealing with the issues affecting the health of the Region's residents—including the causes of health-care problems.

The Region's urban population is 49.0%, lower than both the Province at 64.1% and Canada at 79.6%. Prince Albert is the only city within the Region. There are eight other communities with a population of more than 1,000, and four of those communities are First Nation's reserves.

PAPHR has a comparatively high percentage of Aboriginal Peoples at 31.4% compared to the Provincial rate of 13.6% and the Federal rate of 3.4%. Except for the North, PAPHR has the highest percentage of Aboriginal population as a proportion of total population in Saskatchewan. There are a reported 16,492 Registered First Nations Peoples in the PAPHR or 21.3% of the PAPHR population. It is 9.9% Provincially and 22.9% of the Prairie North Health Region population. Mamawetan Churchill River and Athabasca have 54.0% and 86.9% Aboriginal residence respectively. The change in First Nations Inuit Health Branch Medical Transportation Policy means these people are seeking specialty services in Prince Albert as the closest source.

Population Information



NOTEABLE NOTES:
Largest communities within PAPHR:

- City of Prince Albert 40,382
- Big River First Nation 1,593
- Shellbrook 1,590
- James Smith Cree Nation 1,450
- Ahtahkakoop Cree Nation 1,313
- Birch Hills 1,211
- Spiritwood 1,189
- Big River 1,125
- Sturgeon Lake First Nation 1,052

When examining the determinants of health—those aspects of life which impact on an individual's health – Prince Albert Parkland has some significant challenges.

	Can.	Sask.	PAPHR
Dependency Ratio	46.0	55.7	60.9
Low Income rate	16.2	15.8	19.3
Post-secondary graduates	55.7	51.6	49.6
High School graduates	85.3	79.5	75.0

The dependency ratio continues to be one of the highest in the Province, exceeding the National and Provincial rates. PAPHR has more dependents for every 100 people in the working age population placing greater demands on the Region socially and economically. As a consequence, greater demands are placed on the health system. The working age population's average personal income is low, as is their education levels for High School and Post Secondary education. More people require support and there are less monetary resources and potential to provide the support.

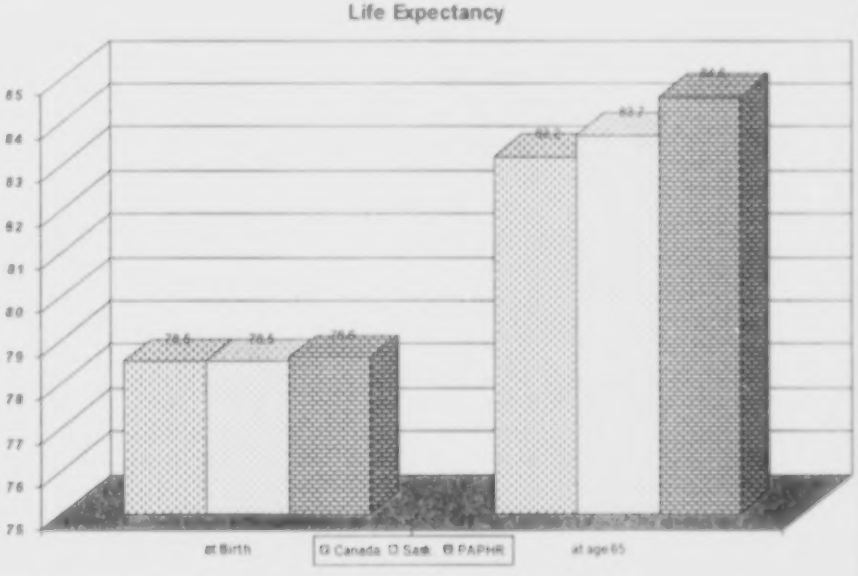
The overall unemployment rate is one of the highest in the Province at 7.9% and the youth unemployment rate is 17.0% compared to Saskatchewan at 10.8%. The percentage of lone parent families is 18.5% compared to the Provincial percentage of 15.8% and the Federal percentage of

15.7%.

The Aboriginal population growth rate is approximately 3% per year. The First Nations population is younger than the rest of the population. The proportion of First Nation's population under 30 is 61.8% or 1.5 times higher than that of the Canadian population at 40.8%. The lone-parent families are more prevalent among Aboriginal people than in the Canadian population. Approximately 24% of Aboriginal population are lone-parent families. The percentage of Registered Indian lone-parent families is 28%. In addition, there is lower labour force participation, lower education levels, and lower family income for Aboriginal population in the PAPHR than in Saskatchewan and in Canada.

Health status indicators, along with information about lifestyle choices made by the residents of Prince Albert Parkland show there is a significant diversity within the population.

The life expectancy rate is good when compared to not only Saskatchewan, but the rest of Canada. Life expectancy at birth in Prince Albert Parkland is 78.6, compared to 78.5 for both Saskatchewan and Canada. The difference is larger at age 65, with PAPHR at 84.6, compared with 83.7 for Saskatchewan and 83.2 for Canada.



However, life expectancy information is not entirely positive when the disability-free life expectancy information is examined. In Prince Albert Parkland, there is a challenge presented by disability-free life expectancy at both birth and at age 65. At birth, disability-free life expectancy is 67.2 years for PAPHR, 68.3 years for Saskatchewan and 68.6 years for Canada. At age 65, it is 76.9 years for PAPHR, 77.0 years for Saskatchewan and 76.7 years for Canada. Combined with the overall life expectancy, this means residents of Prince Albert Parkland will require more years of care because of disability. This data demonstrates what requirements may be placed on the health-care system for increased Home Care or Institutional Long-term care services.

While the exact cause of the disability issues within the Health Region may be difficult to determine, there are a number of issues relating to the health of the population that might play a role.

Self-rated health is one indicator that is fairly reliable when looking at the overall health of the population. In Prince Albert Parkland, 55.6 per cent of the population rates their health at excellent or very good. That compared to 59.2 per cent for Saskatchewan and 58.4 per cent for Canada. The percentage of people who rate their health as fair or poor is 12.5 per cent, higher than both Saskatchewan (12.1 per cent) and Canada (11.3 per cent).

Healthy lifestyle choices are important to maintaining and improving the population's overall health. Prince Albert Parkland is behind both Saskatchewan and Canada for a number of those key indicators—including smoking rate, diet (eating fruits and vegetables) and alcohol consumption.

In Prince Albert Parkland, 25.1 per cent of the population identifies itself as daily or occasional smokers, compared to 23.8 for Saskatchewan and 22.9 for Canada. When it comes to alcohol consumption, 21.7 per cent say they have consumed at least five alcoholic beverages in one sitting on more than 12 occasions each year, while another 36.9 per cent did the same fewer than 12 times. Another 37.8 per cent did not consume five or more alcoholic beverages. Those do not compare favourably to Saskatchewan (22.6 per cent at more than 12 times, 28.2 per cent at fewer than 12, and 47.0 never), or Canada (20.7, 24.2 and 51.8 respectively).

Resident of Prince Albert Parkland Health Region are also less likely to eat fruits and vegetables. In PAPHR, 30.2 per cent of the population eats five to 10, or more, servings of fruits and vegetables each day. That compares to 33.8 per cent for Saskatchewan and 39.0 per cent for Canada.

Prince Albert Parkland (49.4 per cent) is comparable to Saskatchewan (49.6) and Canada (50.2) for physical activity—being active or moderately active.

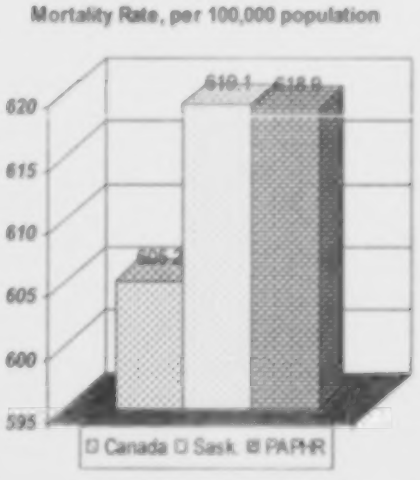
Residents of Prince Albert Parkland (55.8 per cent) area also more likely to be overweight or obese, according to Body Mass Index ratings, than both Saskatchewan (55.0) or Canada (48.2).

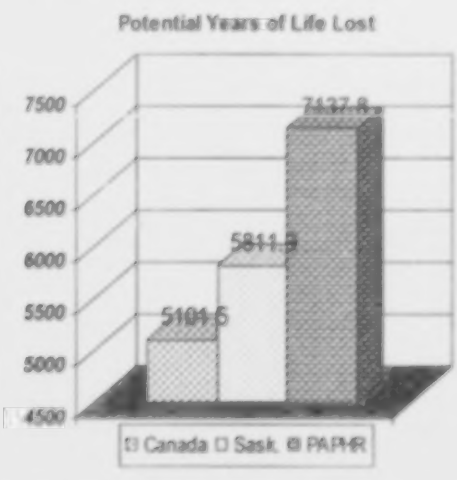
In Prince Albert Parkland, there are also significant challenges for dealing with chronic illnesses. The health status indicators demonstrate a need to change behaviour and improve lifestyle choices and reduce risks.

The incidence rate for diabetes is a disturbing statistic for Prince Albert Parkland. The incidence rate of 6.9 per cent (Statistics Canada, Health Indicators) for this Health Region is much higher than the rate for Saskatchewan (4.7 per cent) and Canada (4.6 per cent). There is a need for more education about primary prevention and ensuring early detection to reduce the risks of future complications. Those complications can have a significant impact on the health of the individual and greatly affect the type of health-care services the Region will be required to deliver.

Other chronic conditions and the health-care requirements for those individuals will also affect the demands on the Region's programs and services. High-blood pressure is a problem for 14.9 per cent of the PAPHR population, which is slightly lower than Saskatchewan (15.0) and higher than Canada (14.4). The incidence of arthritis/rheumatism is higher for PAPHR (19.4 per cent) than both Saskatchewan (18.9) and Canada (16.8).

Chronic disease prevention and management play a role in the length of the population's disability-free life expectancy. Those conditions can lead an individual to require care earlier. This is one of the challenges for Prince Albert Parkland when planning service and program delivery.





Another challenge comes from an examination of the mortality rate and the potential years of life lost. The mortality rate (per 100,000 population) for Prince Albert Parkland is 618.9 (Statistics Canada, Health Indicators), compared to Saskatchewan (619.1) and Canada (605.2). The Potential Years of Life Lost is 7137.8 for Prince Albert Parkland, while it is 5811.9 for Saskatchewan and 5101.5 for Canada.

There is a relatively small difference in the overall mortality rate, while Prince Albert Parkland has a significantly higher potential year of life lost. Further investigation of both mortality and potential years of life lost present a picture of another population health challenge.

The suicide rate in Prince Albert Parkland is 15.0 per 100,000 population (Statistics Canada, Health Indicators). That is much higher than both Saskatchewan and Canada's rate of 11.3. In Prince Albert Parkland, suicide results in 561.2 potential years of life lost, while the total for Saskatchewan (412.1) and Canada (393.5) is lower.

Unintentional injury deaths are also much more common in Prince Albert Parkland. The rate of 52.0 per 100,000 population is significantly higher than Saskatchewan at 35.5 and more than double the rate for Canada (25.6) The result is 1625.3 potential year of life lost for Prince Albert Parkland, compared to 1028.0 for Saskatchewan and 639.9 for Canada.

The rate for injury hospitalization in PAPHR is for females is 5.7 per 1,000 population aged 0-19, while for males the rate is 8.7. That compares to Saskatchewan's rate of 6.5 for females and 9.3 for males. While the injury rate for 19-and-under is lower than Saskatchewan, Prince Albert Parkland has a higher injury rate for all ages, with 11.4 per cent of the population having sought treatment for injuries, compared to 8.8 per cent for Saskatchewan and 8.0 per cent for Canada (Statistics Canada, Health Indicators).

The indicators show that this Health Region has more people dying at a younger age, particularly from suicide and unintentional injuries. This is another challenge for programs and services, as well as prevention issues and lifestyle choices. And while the health-care system has a role to play, there are many other socio-economic factors which have an impact.

This Health Region also has a higher infant mortality rate at 6.1 per 1,000 lives births, compared to 5.9 for Saskatchewan and 5.3 for Canada (2000-2002, Statistics Canada). There are also concerns with low birth weight and high birth weight in Prince Albert Parkland. The low birth weight rate in Prince Albert Parkland is 4.76 per 1,000 live births and is lower than the Saskatchewan rate of 5.26. However, the high birth weight rate of 19.6 for Prince Albert Parkland is higher than Saskatchewan at 15.7. Maintaining current prenatal programs is essential, and may warrant expansion, to reduce the infant mortality rate and educate parents about the affects of both low and high birth weights on the newborn's health.

Health status indicators demonstrate the challenging epidemiology facing Prince Albert Parkland. There is significant portion of the population that is quite healthy, with long life expectancy. Another segment which will struggle with chronic conditions and require health-care services for a longer portion of there life. And there is a younger popu-

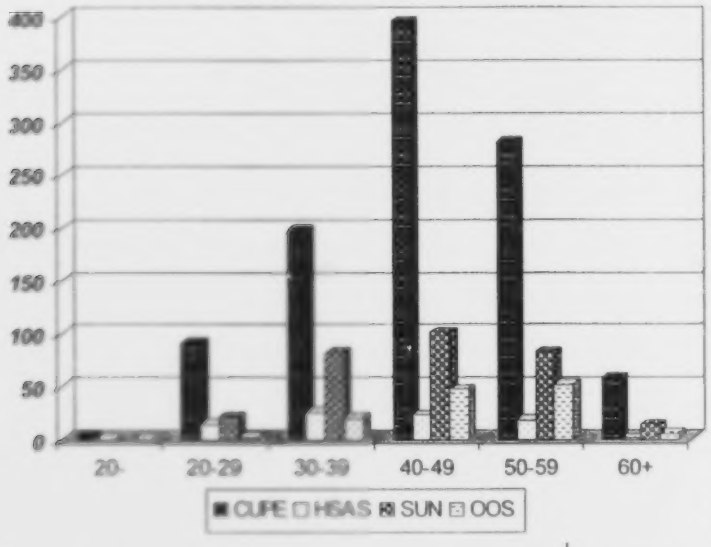
lation that is high-risk for suicide, unintentional injuries and early death.

Those different population segments each present challenges for the delivery of health-care services in Prince Albert Parkland. The Region needs to ensure the necessary services are delivered in a timely manner in an appropriate location. Those programs and services are dependent on the ability to recruit and retain the needed health-care professionals in a competitive environment.

Prince Albert Parkland is not alone in experiencing challenges with recruitment and retention of all health-care professionals and services providers, including physicians (general practice and specialists), nurses, laboratory and diagnostic technicians and therapists.

Of the Health Region's more than 1,400 full-time equivalents, and approximately 2,000 employees, about 20 per cent are eligible to take retirement within the next five years. In the competitive recruitment environment, this will present significant challenges. The workforce is also aging, with the majority of employees over the age of 40. Only about 450 FTEs are held by people under the age of 40, while more than 500 FTEs are held by people over the age of 50. The breakdown is similar for all positions and union affiliations, including Out-of-Scope employees.

PAPHR employees by age, union affiliation



The Health Region has been challenged to recruit professionals, especially to rural areas. That includes managers, particularly those with clinical expertise. The demand for physicians is also creating difficulties, particularly in rural areas for general practice physicians and at the Regional Health Centre site for specialists.

The recruitment and retention of health-care professionals is the most significant obstacle to ensuring timely access to the necessary health-care services.

Aging facilities and equipment is another challenge.

The Health Region has invested significantly in the past year in capital equipment, with significant funding through the federal-provincial health-care agreement. Equipment purchases include a new food service system for Victoria Hospital at the Regional Health Centre site, diagnostic equipment, and lifts and devices to aid employees and reduce workplace injuries.

The age and status of the Region's facilities is a concern. Seven of the facilities were built before 1970, with the oldest being the Shellbrook Hospital which was built in 1955. A number of the facilities have had renovations and upgrades to them; however, not all facilities meet current building, fire and health-facility codes.

In several facilities, heating, ventilation and air conditioning systems are not up to code. The age and building configurations also tend to cause problems for current use. Many of the long-term care facilities were not designed for Level 3 or Level 4 care. Prince Albert Parkland has had a high workplace injury rate and Workers' Compensation Board claims, which might be partially explained by the state of the facilities and the use of the facilities for a level of care they were not designed to accommodate.

The Health Region began an Institutional Services Needs Assessment during 2004-05, with the intention of developing a comprehensive long-term capital facility plan to meet the needs of the residents of the Region. The plan will look at how the facilities are configured, the age and replacement requirements, and how services can be delivered in a timely manner in an appropriate setting and location. The plan is expected to be presented the Authority early in the 2005-06 fiscal year.

Prince Albert Parkland Health Region's is committed to providing the needed programs and services for the residents of the Region and those people seeking services here. A flexible system that can adapt to changing health-care demands is important today and into the future.

NOTEABLE NOTES:
PAPHR Institutional service facilities, with year of construction and renovations

- Wheatland Lodge, Leask, 1990
- Whispering Pine Place, Canwood, 1987
- Parkland Terrace, Shellbrook, 1977
- Mont St. Joseph (affiliate), Prince Albert, 1997
- Herb Bassett Home, Prince Albert, 1984
- Pineview Terrace Lodge, Prince Albert, 1964
- Jubilee Lodge, Kinistino, 1964, 1984, 2002
- Evergreen Health Centre, Leoville, 1976, 1988
- Birchview Lodge, Birch Hills, 1984, 1995
- Hafford Special Care Centre, 1963, 1998
- Big River Health Centre, 1986, 2000
- Spiritwood Health Complex, 1984, 2001
- Shellbrook Hospital, 1955, 1964, 1998
- Regional Mental Health Centre, Prince Albert, 1965
- Victoria Hospital, Prince Albert, 1969, 1995-99, 2001

Major Initiatives & Accomplishments

While there are challenges to meet the health-care demands of the population, the Prince Albert Parkland Health Region has many initiatives which are serving the needs of the Region's residents for quality health care services.

Prince Albert Parkland is committed to promoting a culture of quality and safety for patients. To that end, the Health Region has developed a number of its own initiatives and is working with the Health Quality Council on quality improvement.

The Health Region has participated in a number of Health Quality Council initiatives, including:

- Post-heart attack treatment study;
- Patient satisfaction survey;
- Intensive Care Unit collaborative;
- IHI satellite conference; and
- Drug management in long-term care study.

For the Post Acute Myocardial Infarction (heart attack) study, Prince Albert Parkland had the lowest risk-adjusted rate in the province for 30-day mortality at 12.3 per cent, while the rate for Saskatchewan was 14.0 . The one-year risk-adjusted mortality rate for PAPHR was 20.8, and again is lower than the provincial rate of 21.6. The readmission rate was 29 per cent, lower than the provincial rate of 35. The Post-AMI study also examined the use of medications to treat heart attack patients and how those medications might affect outcomes. PAPHR is reviewing the policy and procedures to ensure the best outcomes for patients.

Thirty-seven Authority members, managers, physicians and front-line staff attended all or part of a two-day IHI National Forum on Quality Improvement in December 2004.

The Health Region participated in the province-wide patient satisfaction survey, with results expected to be released in the first half of 2005-06 fiscal year.

PAPHR is also involved, along with hospitals in Saskatoon, Regina and Moose Jaw, in a HQC collaborative regarding critical care and best practices in Intensive Care Units. The collaborative began in January 2005 and will run for 12 months.

In addition to the relationship with the Health Quality Council, Prince Albert Parkland has taken other steps to make quality a top priority. That includes an expansion of the hours of the Chief of Staff. The aim is to increase the capacity of the Quality Improvement Unit by funding additional hours for the Chief of Staff, to enhance quality improvement initiatives in the Region. This will include participation in HQC and PAPHR quality improvement projects.

Other PAPHR quality improvement initiatives include:

- Root Cause Analysis workshop: The goal is to build awareness of patient safety among physicians, middle managers and senior managers. Striving to identify and address the root or underlying causes of all critical incidents will lead to a greater understanding of system errors and ultimately a safer health care system.
- ISMP study completed: The goal was to increase awareness of safe and unsafe aspects of the Region's medication system.
- Critical Incident legislation: The Region is preparing to comply with provincial legislation requiring reporting of critical incidents.

Quality health-care services and patient safety are priorities for Prince Albert Parkland. The Health Region is also focused on developing its relationship with the public it serves.

There were three notable events during 2004-05 to seek public involvement and comment regarding the Authority's activities. Those activities include an annual general meeting held in May 2004 in Prince Albert, the First Nation Community Advisory Network conference in November 2004, and a series of community consultation meeting in January and February 2005.

Community Consultation attendance

Date	Location	Staff	Public
Jan. 24	Shellbrook	37	About 150
Jan. 25	Spiritwood	12	About 350
Jan. 27	Big River	25	15
Feb. 2	Birch Hills	10-12	18
Feb. 3	Kinistino	15	About 60
Feb. 7 & 8	Prince Albert	3, 20-25	15
Feb. 9	Leask	15	About 45
Feb. 10	Hafford	20	About 140
Feb. 15	Canwood	12	18
Feb. 16	Leoville	12	About 80
	Total	**180-185**	**About 880-900**

The annual general meeting was held May 25, 2004 in Prince Albert, following a regular Authority board meeting. Members of the public received a report about the Region's finance and presentation regarding health-care services and the Region's population health. There was also an opportunity for the public to ask questions about the Region's operations.

The Authority held a series of public consultation meetings in January in February in all of the communities with institutional services (long-term care or hospital). In addition to meeting with the public, meetings were held with employees at each of the facilities.

The consultations were part of the Institutional Services Needs Assessment, which is to provide the basis for the Region's capital facility plan. That report is expected to be presented to the Authority early in 2005-06, with a capital building plan to be presented to government.

The presentation at the meetings provided an overview of the Region's demographics as well as a review of the current facilities. This included information on usage, staffing, mortgage costs and code compliance. The public had an opportunity to ask questions and make comments, as well as to submit comments in writing.

The First Nations Community Advisory Network hosted a two-day conference, Journey to Partnering in Health, about improving the health-status of the First Nations population. The conference provided an opportunity to bring together health care service providers from all jurisdictions to address the serious issue of health status for First Nations Peoples. The purpose of the conference was

to bring as many jurisdictional areas and those responsible for delivery together so that they may enhance efforts to partner and work together to improve the health status of the Aboriginal population.

The conference's agenda focused on discussion and ideas to address the needs and improve the health status of First Nations Peoples. Among the speakers at conference are:

- Honorable Judge David M. Arnot, Treaty Commissioner for Saskatchewan,
- Jean-Francois Tremblay, Director of Policy Development, First Nation Inuit Health Branch
- Angelique Haysom, Acting Chief Executive Officer, Northern Inter-Tribal Health Authority
- Alan Buckley, Coordinator, Northern Health Strategy
- Steven Lewis, Health Research, Policy Analyst and Consultant.
- Honorable Maynard Sonntag, Minister of First Nations and Métis Relations for Saskatchewan
- Dr. Ben Chan, Chief Executive Officer, Health Quality Council

More than 70 people registered for the conference.

From an operational standpoint, the Health Region had a number of accomplishments in 2004-05.

The Health Region received Accreditation with Report for the Canadian Council for Health Services Accreditation following a survey by CCHSA from May 30 to June 4, 2004. The CCHSA surveyors met with 12 accreditation teams comprised of about 150 Health Region staff, and toured facilities throughout the Region during the six-day visit.

As a condition of maintaining accreditation, the Health Region will prepare progress reports addressing specific issues identified during the survey. The first progress report, detailing the development of policy for monitoring bathtub water temperatures and the replacement of the medication cart on the pediatric unit, must be submitted by January 31, 2005. A second progress report regarding the development of a region-wide comprehensive quality improvement plan, and the provision of treatment to child and youth mental health inpatients that enables programming and activities specific to this population, is to be submitted by July 29, 2005.

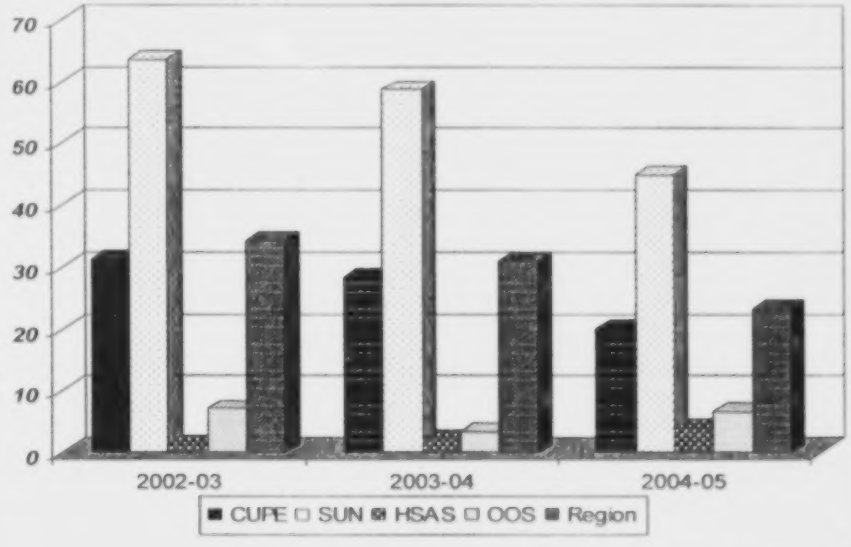
Volumes of service, particularly in surgeries and diagnostic imaging are another source of accomplishment. Prince Albert Parkland Health Region had 4,787 surgical cases, the third-highest total in the province behind only Saskatoon and Regina Qu'Appelle. Sixty-one per cent of the surgeries were day procedures, and ninety-one per cent of surgeries were completed within six months and all surgeries were performed within 18 months.

The Region also received funding to enhance CT scan throughout, surpassing the targets for a total of 3,563 scans for 2,604 patients.

Staffing costs are more than 70 per cent of the Health Region's annual operative budget, and significant over expenditures on overtime, sick time and WCB relief has presented a serious challenge to the Health Region's fiscal stability. However, since 2002-03, PAPHR has been reducing costs for all three of those areas.

The overtime hours per full-time equivalent dropped from 34.23 hours in 2002-03 to 23.38 hours per FTE in 2004-05. The decrease of more than 30 per cent in overtime usage include decreases for both Canadian Union of Public Employees and Saskatchewan Union of Nurses members, the two largest components of Health Region staff. The Health Region has also seen a decline of 4.7 per cent in sick time usage per FTE, while absences due to WCB claims decreased by 29.5 per cent in the same time period. Overtime, sick time and WCB claims continue to be a concern, the trend is a reduction in all three of the areas, which leads to greater fiscal stability, and provides the flexibility for meeting program goals and objectives.

Overtime hours per FTE trendline 02-03/04-05



NOTEABLE NOTES:
Notes from Prince Albert Parkland Health Region 2004-05 activities:

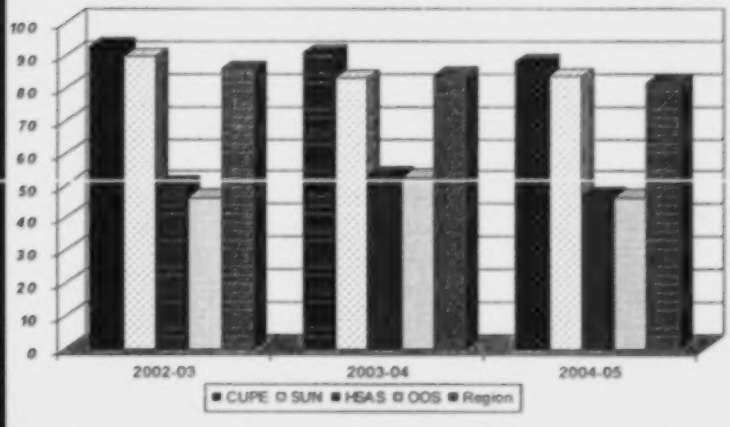
- Accreditation with Report, May 2004
- Performed 3,563 CT Scans on 2,604 patients
- Performed 4,787 surgical cases, third highest total for Saskatchewan's health regions
- 61 per cent of surgical cases were day surgery
- 91 per cent of surgeries performed within six months, all surgeries completed with 18 months

Progress & Results

The Prince Albert Parkland Health Region serves the third-largest population in the province, providing a wider scope of programs than any regional health centre outside Saskatoon and Regina. The Region is committed to providing quality services and programs, while ensuring sustainability and fiscal responsibility.

The most significant variance from the Health Region's plan and results was financial. The Region has projected a small surplus, and recorded a deficit of $631,459. Most expense areas were within the budgeted amount, including many areas under budget. However, substantial overruns in employee salaries and benefits, as well as physician remuneration, resulted in a year-end operating deficit.

Absence hours (Sick Time) per FTE trendline 02-30-04-05



There are challenges to ensure fiscal balance – with a major emphasis on staff relief allocations that have been over budget in recent years. The Region implemented policies to address the relief issue to cope with both the 2004-05 fiscal issues and to maintain accountability into the future. Merely balancing the operations is not sufficient for future sustainability. The Region requires surpluses in order to build reserves to meet capital needs.

The Region has made progress in dealing with sick time usage in the past two years. The overall rate has decreased by 4.7 per cent, declining to 81.58 hours of sick time per full-time equivalent in 2004-05 from 85.8 hours per FTE in 2002-03. A continuation of this trend will allow the Region greater financial flexibility to deal with the health-care service demands.

Service volumes are subject to Human Resource availability. As an example, the Region has issues in Spiritwood. The number of general practitioners was reduced from three to one. Delays and inability to recruit replacement physicians strained existing resources, and an inability to recruit would have an impact on services not only in Spiritwood, but for other communities served by those physicians (specifically Hafford and Leoville). As well, it is expected that residents unable to access services in Spiritwood would have had to seek services elsewhere, including Saskatoon, Shellbrook and Prince Albert. There also continues to be challenges to recruit specialist physicians to work in Prince Albert, as well as other health-care professionals in rural areas.

The recruitment of health-care professionals is highly competitive. Human Resources availability may have the unfortunate consequence of disabling programs and services based upon quality issues.

The Prince Albert Parkland Health Region promotes a representative workplace. The Region's proactive approach has resulted in the highest percentage (17.5%) of aboriginal employees of any southern health region and the Crown Corporations, with most of the positions being permanent. The PAPHR views the 31.4% of our population that is Aboriginal as a valuable Human Resource pool in the future.

Organizational Effectiveness

The Prince Albert Parkland Health Region received Accreditation with Report following a survey May 30 to June 4 by the Canadian Council for Health Services Accreditation. Two reports were required, one that was completed by January 2005, and a second to be completed by July 2005.

There were also a number of recommendations in the accreditation report, which are being followed up by the Region's Quality Teams.

Those Quality Teams report to the Authority as part of an annual rotation. The reports are to provide the Authority with information about the Region's activities and determine if the Authority is meeting its Ends policies.

The Health Region is committed to quality service for the people it serves. The complaint and incident management processes are the responsibility of the regional Quality of Care Coordinator and Chief of Staff.

Together they receive, investigate, and follow-up on all complaints that are not easily resolved to the satisfaction of the person lodging the complaint or that are judged to be particularly serious (i.e.: potential public, legal, or media implications).

The Region's complaint resolution process is non-blaming with the intent to identify and resolve system issues and improve overall quality of care. The front line care providers and managers resolve most complaints.

The number of concerns raised to the Quality of Care Coordinator in 2003-04 was 64, with 70 per cent completed within 30 days.

Prince Albert Parkland Regional Health Authority approved a Communications Plan in November 2004. The plan includes the following as the first statement of purpose: "The mandate of the Prince Albert Parkland Health Region communication's committee is to build a positive image of the Region and Authority with staff and residents."

The Health Region also launched "Prince Albert Parkland News", a quarterly newsletter for the public, with distribution throughout the Region. The publication focuses

on Region issues, and has included information about the accreditation process, quality improvement initiatives and budget decisions. The Authority has emphasized improving communications not only with the public, but also with staff.

The Region held public meetings as part of the process building towards a regional capital facility plan. The plan will look at the current configuration of facilities, and determine what new projects (both new buildings and major renovations) will be required to provide programs and services into the future.

In the past year, the Region has been able to make substantial investments in capital equipment, thanks in large part to the federal-provincial agreement on health-care funding. The single largest investment will be a new CT scanner at Victoria Hospital. Other investments include lifting equipment and a food services system, both of which could help reduce injury and sick time claims of employees.

The Authority and provincial government are provided regular reports regarding the Region's activities—finances, surgical wait lists, human resource issues, and quality of care concerns. The reports provide information regarding the Region's programs.

Program-Specific Expectations

Prince Albert Parkland Health Region provides a broad scope of services for the people of the Region and those seeking services here.

Prince Albert Parkland provides many programs and services that are community-based—not reliant on a specific facility for delivery.

One such program is alcohol and drug treatment on an outpatient basis. There were 819 admissions to the program in 2004-05, with a completion rate of 54.4 per cent. This is somewhat lower, but not substantial different, than the provincial completion rate of 58.4 per cent. This is a measurement of the number of clients who completed the program, and does not take into consideration relapses.

An important community-based program is Health Promotion. The Region approved a Health Promotion plan in September 2004. By addressing the determinants of health (income, education, diet, housing, and support from family and friends), the health outlook for individuals and entire communities can be improved. The "Action Plan for Saskatchewan Health Care" recognizes the value of an increased focus on healthy lifestyle promotion which will in turn give people the tools required to be responsible for sustaining and improving their own health.

Better promotion of health and disease prevention has taken a coordinated direction in the Prince Albert Parkland Health Region.

Health promotion or primary prevention occurs prior to a diagnosed illness and receipt of treatment. The School Based Health Promotion team focuses on primary prevention by engaging schools three ways:

- Obtaining a school needs assessment for health promotion service.
- Providing monthly theme information packages on tobacco reduction, winter safety, nutrition, dental health, physical activity, and summer activity.
- Developing a speakers bureau resource that lists the health promotion services available from the Prince Albert Parkland Health Region and community agencies. This enables a school to acquire an expert to present on a specific topic.

In addition, the community nutrition program is an integral part of health promotion in the region. The program focuses on primary prevention through creating healthy public food policy, addressing food security issues, working with media, developing teaching resources for schools and giving presentations to community groups and health professionals. A significant achievement was the partnership with school divisions to place a nutritionist in the schools. The result has been the achievement of healthier food choices and healthier lifestyle for students.

SchoolPlus is an innovative approach that places the school as the community focal point for enriched services that support children, youth and their families.

The Prince Albert Parkland Health Region provides clinical programs to address secondary prevention and treatment services. KidsFirst is an example of secondary prevention. This program assists vulnerable children assessed as high-risk to get a better start in life. Other examples of secondary prevention and treatment services are:

Dental Education program consists of a Dental Health educator providing oral assessments and health education to students in schools within the region. A partnership with the Cooperative Health Centre in Prince Albert also provides treatment services to children with high needs and who have no dental coverage.

The Diabetes Education Centre is a resource for diabetic clients who can receive comprehensive care from a variety of health professionals including a physician as medical director, diabetic nurse educator, registered dietitian and a podiatrist. The centre also works in various primary prevention activities with the school based team and other health promotion endeavors.

The Sexual Health Clinic located at McIntosh Mall in Prince Albert continues to serve many clients at high risk for many lifestyle diseases. Programs offered by the centre include the needle exchange program, Hepatitis C clinic, health counseling and primary prevention program throughout many areas of the region. The Chlamydia rates for this region are high. There were 671.9 reported cases per 100,000 for females and 439.6 cases per 100,000 for males. The rates for Saskatchewan are 473.4 per 100,000 for females and 268.1 per 100,000 for males. An intersectoral endeavor lead by the region's health staff included a public education program geared at proper handling and disposal of used hypodermic needles found in public areas. Each year the needle exchange program safely disposes of approximately 205,000 needles.

Public Health Nursing programs reach children, youth, adults and seniors to assist in achieving optimal health status. This comprehensive service includes:

- child health conferences, school health education

and immunization to preschool and school age groups;
- early maternal discharge support program or post-partum follow up;
- immunization against vaccine-preventable illness including flu clinics and international travel assessments and vaccine provision for foreign travel – during the past year there was a 27 percent increase in travel vaccines given.
- teen wellness centre provides education and information about sexuality and birth control to those who request this service.

Coverage Rate by Antigen (%)	PAPHR	Sask.
Diphtheria	61.4	73.3
Measles	62.3	71.7
Mumps	61.7	71.6
Polio	63.6	73.3
Rubella	63.8	71.6

A key component of the Public Health nursing is influenza vaccination. Prince Albert Parkland trails the rest of the province for influenza vaccination rate per 100 population (age 65 and older) at 56.8 per cent, while the provincial rate is 65.8 per cent. While Prince Albert Parkland provides services for all resident of the Region, including First Nations individuals, those individuals who were provide immunizations by the First Nations and Inuit Health Branch are not included in the immunization record.

	Inpatient/ Day Surgery Separations 2001-02	Inpatient/ Day Surgery Separations 2002-03
PAPHR (Total)	13,112	15,562
PAPHR to Saskatoon Health Region	3,807	4,101
Saskatoon Health Region to PAPHR	361	394
Mamawetan Churchill River to PAPHR	1,019	981
Mamawetan Churchill River to Saskatoon Health Region	1,025	1,108
Athabasca Health Authority to PAPHR	197	195
Athabasca Health Authority to Saskatoon Health Region	169	158

The Region will be examining information to determine the impact of the change to the First Nations Inuit Health Branch policy on Medical Transportation. The policy states that payment for medical transportation will only be paid to the nearest available source of the service required. Demographically, 76.6% of the population of Mamawetan Churchill River and 93.4% of the population of Athabasca Health Authority are effected by the Medical Transportation Policy. Those two populations are already seeking services in Prince Albert Parkland, and this total may increase.

Victoria Hospital serves as the regional hospital providing a broader range and scope of inpatient and outpatient services than any other regional hospital in the Province. Only the base, tertiary hospitals in Saskatoon and Regina provide a wider range of programs and services. Outpatient services include Emergency, now staffed on a 24/7 basis by physician casualty officers, day surgery, Ambulatory Care, Renal Dialysis, Chemotherapy Services, dermatology, enterostomal therapy, mental health, and physical and occupational therapy. Inpatient services include medicine and surgery beds, psychiatry, an intensive care unit, pediatrics, obstetrics and gynecology. The obstetrics unit delivers more babies than any other regional hospital and the operating room handles more surgery than any other regional hospital. The hospital is experiencing service volume pressures on virtually all inpatient and outpatient service areas. Four acute beds in Emergency have been closed and six medical surgical beds have been opened to provide more appropriate patient accommodation. Many patients continue to be referred to Saskatoon in particular, as a result of bed capacity rather than clinical capacity.

Prince Albert Parkland received targeted funding to increase CT scan capacity in 2004-05, exceeding the targets and increase the number of CT scans 3,563 scans for 2,604 patients. A new CT scanner is expected to be in place during 2005-06.

The Health Region is meeting or exceeding the targets for number of surgeries, as well as the wait time for surgeries. PAPHR performs the third-highest number of surgical cases in Saskatchewan—a total of 4,787 surgeries in 2004-05. There were 2,696 day procedures, or 61 per cent of the total. Prince Albert Parkland had 91 per cent of the surgeries completed within six months, 99 per cent within 12 months, and all surgeries completed within 18 months.

Community hospital programs and services are experiencing growing service volumes insofar as emergency outpatient services are concerned. Physician recruitment remains a challenge, including general practice and specialists.

Supportive Care Programs and Services include home care services and long term care services. Home Care services operate from four sites throughout the Region.

Home Care is the single point of entry to home based services and long term care. There is now one wait list for the Region. Clients in hospital who become ready for placement are offered placement in long term care based on the facility with a permanent vacancy that has the ability to meet their needs, and is closest to the client's home community. If the facility is not their first choice residents are put on a transfer list and can be moved to their place of choice as their name rises to the top of the list.

Residents are assessed at admission to a long term care facility using a coordinated MDS/RUGs system of assessment and classification. This system coordinates service

delivery into a care plan that focuses on quality indicators and resource utilization groupings. This system is used in all the long term care facilities in the Prince Albert Parkland Health Region. The region is moving towards central hosting of MDS/RUGs. The accompanying chart shows the volume of service for Home Care in 2003-04 compared to the previous year.

Home Care Services	2002-03 Units	2003-04 Units
All Services	113,542.75	112,164.75
Palliative	4,549.75	4,098.25
Acute Care	15,737.50	15,630.00
Supportive Care	88,923.00	87,489.25
Unknown	4,332.50	4,9.37.25

Long Term Care Services are provided in 12 different homes including one affiliate, Mt. St. Joseph's Home.

Long term care, or institutional supportive care, and home care support seniors and those with disabilities or illness to manage their daily lives in their communities and in their homes. The Authority is committed to providing quality long term care that is accessible, effective, safe and efficient. This is done by ensuring that admission to long term care facilities is accessible for people whose needs cannot appropriately be met in the community, and to ensure that respite care and day programming are part of the long term care continuum.

Challenges for long term care are mainly in the area of human and capital resources. Because of a nation-wide shortage of health care providers, the Prince Albert Parkland Health Region is not always able to provide 24 hour RN/RPN/LPN staffing in some facilities, particularly in the rural areas. The Region still manages to operate within the legislated staffing requirements for Special Care Homes.

Admissions of heavier care residents to long term care is measured by the distribution of the levels of care of total long term care population in the Prince Albert Parkland Health Region. The majority of the long term care population in the Prince Albert Parkland Health Region require level 3 and 4 of care.

Institutional Supportive Care Residents percentage	2002-03	2003-04
Level 1	0.85%	0.09%
Level 2	6.05%	6.10%
Level 3	42.95%	44.99%
Level 4	50.14%	48.82%
Total number	1057	1098

The Health Region is concerned about the percentage of long-term care residents with pressures sores. PAPHR has 29.1 per cent of residents with pressures sores, above the provincial rate of 21.8 per cent.

Staffing standards in recreation and support areas have been implemented in licensed special care home beds. As well, a strategy to utilize the full scope of LPN practice has been adopted and this is being implemented through attrition.

Current cost overruns in long term care agencies are being analyzed and staffing standards are being compared with similar agencies in other health regions.

Relief practices are also undergoing greater scrutiny. The recent funding to support healthier workplaces should enhance the attendance support program recently implemented.

A baseline funding review is currently underway with the only long-term care affiliate, Mont St. Joseph's Care Home.

Emergency Medical Care services are consistently offered across the province to facilitate high quality emergency response. Regional Health Authorities provide funding grants to help pay for road ambulance services. All calls for ambulance services are handled through a wide-area dispatch centre. Prince Albert is host to one of the provincial dispatch centres which ensures better use of ambulances to respond to emergencies. It is a sophisticated system of receiving, recording and dispatching. The system is proficiently standardized based on protocol. The type of response is based on the type of call.

The Prince Albert Parkland Regional Health Authority contracts ambulance services in Prince Albert, Spiritwood, Big River and Blaine Lake. Paramedic services are available in Prince Albert, while EMT services are available in Spiritwood, Blaine Lake and Big River.

The ambulance services in the Prince Albert Parkland Health Region are equipped with global positioning which gives the dispatcher the current location of the ambulance at all times. Of the total of 6,910 calls, 99.99 per cent had at least an EMT level of training. Only one call of the entire total had an EMR as the highest level of training responding the call. The following is a breakdown of the rest of the calls:

- EMT-Basic—1,461
- EMT-Advanced—1,117
- EMT-Paramedic—4,256
- Registered Nurse—59
- MD—16

The Regional Mental Health Inpatient unit had 781 separations for a total of 599 patients. There were 471 patients with one separation, while 128 had two or more separations. The readmission rate of 21.4 per cent is slightly above the provincial rate of 21.1 per cent.

The average wait time for Prince Albert Parkland referrals to the Saskatchewan Hospital in North Battleford was 76 days, which was higher than the provincial time of 59 days.

There were 32 child/youth admissions from PAPHR to the Calder Centre alcohol and drug treatment program, with a completion rate of 68.8 per cent—above the provincial rate of 61.6 per cent. There were 29 adults admitted to the same program with a completion rate of 62.1 per cent, which was lower than the provincial rate for adults of 70.3 per cent.

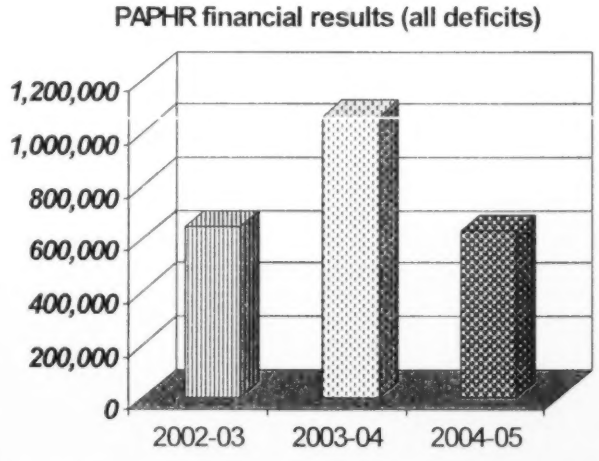
Prince Albert Parkland provides a wide-scope of programs and services on a daily basis. There is a need for planning and research to continue to meet the demands of the Regions' residents.

Challenges & Future Direction

The Prince Albert Parkland Health Region has many challenges to ensure the sustainability of quality health-care services for the residents of the Region. Those challenges include fiscal stability, Aboriginal health status, information technology, mental health services, and health human resources.

The Authority strives to fulfill the region's mission, vision, and values by establishing policies that clearly state the desired results and the guideline to achieve them. Management operates within these guidelines striving to meet the ends policies or Authority's goals. In doing so, the financial health of the organization is key. A balance must be struck between the operations to fulfill the ends policies or Authority's goals and the region's finances.

The Region experienced an operating deficit in 2004-05 of $631,459 (which follows $1,060,821 in 2003-04 and $646,560 in 2002-03). At this time, the Region is able to meet its financial obligations and commitments. However, the Region's ability to meet its future commitments will be challenged if operating deficits continue.



Achieving a balanced operating fund will put the PAPHR in a solid position as it moves forward. The challenge is to ensure operational savings are both effective and sustainable, while not compromising quality health-care services for the people living in the Region and those seeking services here.

However, only balancing does not allow for the Region to maintain financial health. Surpluses are required to develop a reserve for capital needs—both in terms of equipment and infrastructure. The Region has moved forward with an Institutional Services Needs Assessment. A focus of the assessment is to develop a long-term plan to ensure people have access to needed care in appropriate locations, while recognizing the changing demographics of this Region. As the population shifts, there is a requirement to develop services and programs to meet the health-care needs of the people who live in communities throughout the Region.

The Region is very aware of the growing Aboriginal population, which currently has higher health-care needs. The diabetes prevalence rate for the Region is 6.9 per cent (Statistics Canada), while the 2001 Aboriginal Peoples Survey had 10 per cent of the City of Prince Albert's Aboriginal people indicating they were diabetic. The health status concerns for Aboriginal people will have a major impact on the future of health-care services for Prince Albert Parkland. Failure to address those problems will be reflected in the Region's population health information.

The Authority and administration believe strengthening partnerships with Aboriginal leaders and working together to improve the health status of a growing proportion of the Region's population.

Another challenge comes with the introduction of the Collective Funding Policy on April 1, 2005, which will likely result in an application from a local organization. This may cost up to an estimated $300,000 annually, depending upon the individual assessment. The Region will analyze and review assessment criteria and access standards as a result of this policy initiative.

The Prince Albert Parkland Health Region has been involved in a number of regional and provincial information initiatives. These initiatives are steps in meeting the end result of ensuring sustainable quality, efficient health care by implementing information technology to support health service delivery. The most recent accomplishments in implementing information technology to support health service delivery follows the thrust of the Information Management Strategic Plan two fold. Firstly, regionalization of the Information Technology Infrastructure. Secondly, broader access within the region to currently implemented information systems.

In keeping with these objectives, the following has been recently accomplished:

The Prince Albert Parkland Health Region uses an application called Rise Health Suite as its Central Client Index system. This system supports many functions such as Admission, Discharge and Transfer functions, accessing transcribed Health Records, managing Diagnostic Imaging, Scheduling Clients, managing physician practices for contract physicians, and billing. This system has been broadly used in the Victoria Hospital for several years.

More recently, application access and training has been provided to several more departments and programs to support health service delivery. These include:

- The Emergency Room and Triage
- Ambulatory Care
- The Therapies department
- The Diabetes Education program
- Public Health
- The Birch Hills Primary Care Centre

A project recently started is to integrate the Laboratory Information System with the Central Client Index system. This will ensure that the two systems record information about clients in a consistent manner, and reduce duplication of effort in recording the information.

There are regional and provincial projects that are cur-

rently in the developmental stage. The implementation of a Surgical Care Information System (OR Scheduling) is a high priority for the Prince Albert Parkland Health Region. This would help manage OR time more effectively, which in turn allows the region to manage staff utilization (particularly nursing), bed management, waiting lists and budget. The province is in the process of acquiring a Surgical Care Information System to be used in all regions. The Prince Albert Parkland Health Region has made it known that it would like an early implementation of the system.

In addition there are a number of "Regionalization" projects planned for the future. These projects depend upon funds being made available to extend the Information Technology Infrastructure (networks) into the entire region. These future projects are:

- Regionalization of Home Care and the retirement of the old Home Care system in the former Parkland.
- Central Hosting of MDS Long Term Care from all of our Long-Term Care facilities.
- Extending access to the Central Client Index system to all programs and facilities in the region.
- Eventual Regionalization of the Laboratory Information System.

Prince Albert Parkland is also undertaking or proposing new program alternatives to address mental health concerns.

Targeted funds have been received for the cognitive disabilities project, which is designed to address services for families with children affected with FASD. The region will be receiving $50,000 for this fiscal year and $100,000 annually thereafter. Services are designed to assist in the assessment of the child using a team approach and also to assist communities and families to adapt to and learn about effective coping measures for those affected. Target age for this strategy is 0 –12 years. This is an intersectoral program, which involves DCRE, Learning, local pediatricians, the early childhood team from therapies and mental health outpatient staff.

The Region is developing a plan to provide enhanced services to the mentally ill adolescent population. The plan will dedicate one Villa (of two at the Regional Mental Health Centre) to adolescent care only, and services will be designed to meet this more specialized population. Presently, there are 6-8 adolescents on the inpatient unit on the average. The group involved in the planning is reviewing the services needs to determine the options for this age sector to meet Accreditation requirements, while at the same time looking at a broader approach in the future.

Last summer, Kingsmere Villa received renovations and was updated to be more user friendly and safe for the staff. In the summer of 2005, a similar project is planned for Crean Villa. Funding for this has been taken from deferred revenue sources for mental health programs.

Fiscal, health status, information technology and other challenges can only be met if the Health Region is able to recruit and retain health-care professionals to provide the required programs and services. The Region is not unique in this concern, as health-care professionals are recruited nationally and internationally.

The Region faces significant challenges in the next several years as an aging workforces reaches retirement age and program developments stretch existing human resources. Some specific examples include:

- There are currently two primary health care nurses trained in RHA, while eight nurses needed in an estimated eight sites by 2006. The Region is identifying employees interested in training now.
- Of the nurses working in acute care 15 per cent of nursing staff are eligible to retire in the next year. Nurses close to retirement are seeking alternate work arrangements (e.g., phased in retirement). The Region may need to replace 12.5 – 15 full-time equivalents in the next year.

In the past year, the Region has faced challenges for the following positions:

- Operating Room Registered Nurse Shortage due to additional training required – Peri-Operative Nursing Course. The Region may consider re-introducing an in-house "training" position, where an RN is hired to a super-numerary permanent position and works as part of the OR team (with limited duties) until she/he completes the required course. Study time and mentoring are provided to assist the person in completing the course successfully. This has been used in the past to prepare for up-coming retirements.
- Operating Room Technician Require Operating Room Nursing & Techniques Course. Current LPNs may be able to utilize the resources of the Career Pathing Project to complete this course.

The Region has also faced significant challenges in recruiting both general practice and specialist physicians. In 2004-05, the Region was below full complement of anesthetists, orthopedics, internist and radiologist requirements for significant periods of time. This has an impact on ability to meet service demands.

General practice physician recruitment is also a challenge, both in the City of Prince Albert and rural communities. This affects residents access to primary care physicians and can strain outpatient resources at hospitals.

Residents of the Prince Albert Parkland Health Region, the clients and key stakeholders expect the Region to demonstrate a commitment to its Vision, Mission and Values, delivering high-quality, accessible health-care services. There is the expectation that the delivery of care will be respectful of client need and consultative. The Region's key stakeholders expect information is received and provided in an appropriate manner or when requested.

Communities with decreasing populations expect to maintain the current level of services. Communities with increasing populations expect equal access to services, and enhancement of services in locations near them. A focus of the community consultation discussions looked at the Region's changing demographics, and how the Region can work with communities to ensure quality services and programs are delivered to people in need in the appropriate locations.

Performance Management Summary

	Indicator	PAPHR	Provincial Comparison	Range
	Organizational Effectiveness Indicators			
2.1.1.1.	CCHSA current accreditation status for RHAs	Accreditation with Report, May 2004	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern 2003-04	64	2,204	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days 2003-04	70	87%	25% - 90%
2.1.1.8.	Number of sick leave hours per) full time equivalent (FTE) PROVIDER UNIONS—CUPE 2004-05	102.29	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS 2004-05	52.58	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* 2004-05 * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	46.59	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN 2004-05	89.65	93.07	70.00 – 98.43
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) PROVIDER UNIONS—CUPE 2004-05	24.24	26.65	11.30 – 61.97
	Number of wage driven premium hours overtime and other premiums) per full time equivalent (FTE) HSAS 2004-05	6.59	22.38	2.89 – 48.65
	Number of wage driven premium hours overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* 2004-05 * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	6.45	2.43	0.00 – 6.45
	Number of wage driven premium hours overtime and other premiums) per full time equivalent (FTE) SUN 2004-05	57.93	63.99	19.92 – 314.54
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNIONS—CUPE 2004-05	1068.18	n/a	n/a
	Health system full time equivalents (FTEs) HSAS 2004-05	81.82	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* 2004-05 * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	120.02	n/a	n/a
	Health system full time equivalents (FTEs) SUN 2004-05	312.24	n/a	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2004-05	9.67	6.52	4.32 – 9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) 2004-05	492.92	345.86	152.43 – 492.92
2.1.1.17.	Worked hours as a percentage of paid hours PROVIDER UNIONS—CUPE 2004-05	79.0%	79.8%	78.5% - 81.5%
	Worked hours as a percentage of paid hours HSAS 2004-05	82.7%	82.0%	79.7% - 83.5%

Indicator		PAPHR	Provincial Comparison	Range
Organizational Effectiveness Indicators				
	Worked hours as a percentage of paid hours OOS/OTHER* 2004-05 * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	82.2%	81.1%	69.5% - 83.7%
	Worked hours as a percentage of paid hours SUN 2004-05	78.2%	79.1%	77.3% - 85.4%
2.1.1.18.a	Working capital ratio 2004-05	0.62:1	Not available	Not available
2.1.1.18.b	Number of days able to operate with working capital 2004-05	(22.44)	Not available	Not available
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure 2004-05	0.6%	n/a	n/a
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool 2004-05	($1,336,029)		
	Budget versus actual expenditures SUPPORTIVE CARE funding pool 2004-05	($752,504)		
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool 2004-05	$473,007		
	Budget versus actual expenditures PROGRAM SUPPORT funding pool 2004-05	($15,418)		
Program-Specific Indicators				
Province-Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans 2004-05	n/a	n/a	n/a
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans 2004-05	3,563	n/a	n/a
2.2.1.4.	Average wait time in days for admission to Saskatchewan Hospital North Battleford (SHNB) 2004	76	59	41 – 76
2.2.1.6.	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Child and Youth 2003-04	68.8	61.6%	44.4%- 91.7%
	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Adults 2003-04	62.1	70.3%	50.0%-95.5%
Acute Care Services				
2.2.2.3.a	Number of surgical cases 2004-05	4,787	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery 2004-05	61%	53%	48% - 66%
2.2.2.4.	Percentage of surgical cases completed within 6 months 2004-05	91%	81%	74% - 100%
	Percentage of surgical cases completed within 12 months 2004-05	99%	91%	85% - 100%
	Percentage of surgical cases completed within 18 months 2004-05	100%	95%	93% - 100%
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores October 2004	29.1%	21.8%	12.7% – 29.1%

Performance Management Summary

Indicator		PAPHR	Provincial Comparison	Range
	Program-Specific Indicators			
Population Health Services				
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA 2004*	61.4%	73.3%	57.3% - 86.3%
	* NOTE: SIMS does not capture on-reserve immunizations			
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES 2004*	62.3%	71.7%	57.3% - 85.6%
	* NOTE: SIMS does not capture on-reserve immunizations			
2.2.6.6.	Genital Chlamydia rate per 100,000 population MALES 2003	439.6	268.1	27.4 – 3,259.0
	Genital Chlamydia rate per 100,000 population FEMALES 2003	671.9	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) 2003-04	56.8	65.8	56.8 – 72.8
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) and progress report March 31, 2005 [yes/no indicator]	YES/YES	n/a	n/a
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions 2003-04	54.4	58.4	43.7 – 72.6
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams March 2005	7.94	23.89%	0.00% – 100.00%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year 2004/2005	1	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams 2004-05 [yes/no indicator]	YES	n/a	n/a
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan 2004-05 [yes/no indicator]	NO	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan] outlines potential financial requirements 2004-05 [yes/no indicator	YES	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required 2004-05 [yes/no indicator]	YES	n/a	n/a
Emergency Response Services				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training 2003-04	99.99%	98.76%	70.17% – 100.00%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations 2004-04	21.4%	20.2%	17.9% – 26.3%
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions 2003-04	n/a		

Indicator		PAPHR	Provincial Comparison	Range
Program-Specific Indicators				
Program Support Services				
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds 2004-05	4.2%	Not available	Not available
Health Status and Outcome Indicators				
3.1.1.1.	Infant mortality rate per 1,000 l live births 1998-2002	5.89	6.24	1.70 – 15.66
3.1.1.2.a	Low birth weight rate per 100 live births 1998-2002	4.76	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births 1998-2002	19.6	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES 1996	65.8	66.6	61.8 – 69.2
	Disability-free life expectancy (at birth) FEMALES 1996	68.7	70.0	63.2 – 72.5
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES 1996	11.0	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES 1996	12.7	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES 2001	75.6	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES 2001	81.4	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES 2001	17.7	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES 2001	21.8	20.9	17.2 – 21.8
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent 2003	52.9%	59.5%	47.6% – 63.7%
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES 2003	25.8%	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES 2003	23.0%	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0-29.9) 2003	31.7%	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) 2003	22.4%	20.5%	16.4% – 27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active 2003	50.5%	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive 2003	46.5%	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population 2001-02	43.6	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES 2002-03	8.3	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES 2002-03	5.7	6.5	4.6 – 12.0
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES 2002-03	7.8	13.4	3.6 – 20.2
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES 2002-03	25.1	25.1	0.0 – 35.0

PRINCE ALBERT PARKLAND
HEALTH REGION

June 15, 2005

Prince Albert Parkland Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Glen Smith-Windsor
Chief Executive Officer

Morgan Kennedy
Chief Financial Officer

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To: The Prince Albert Parkland Regional Health Authority

We have audited the statement of financial position of the Prince Albert Parkland Regional Health Authority as at March 31, 2005 and the statements of operations and changes in fund balances, cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Prince Albert Parkland Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Prince Albert Parkland Regional Health Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Prince Albert, Saskatchewan
May 12, 2005

Chartered Accountants

PRINCE ALBERT PARKLAND
HEALTH REGION

FINANCIAL STATEMENTS

For year ended March 31, 2005

Healthy Living in Healthy Communities

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2005

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2005	Total 2004 Restated (Note 13)
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 2,612,379	$ 2,152,631	$ 709,089	$ 5,474,099	$ 3,382,365
Accounts receivable					
Saskatchewan Health - General Revenue Func	26,323	-	-	26,323	2,376,669
Other	1,324,366	44,681	8,791	1,377,838	1,385,559
Current portion of long-term receivable (Note 3	-	171,840	-	171,840	177,146
Inventory	783,857	-	-	783,857	674,902
Prepaid expenses	723,476	-	-	723,476	504,257
	5,470,401	2,369,152	717,880	8,557,433	8,500,898
Long term receivables (Note 3)	-	138,124	561,919	700,043	871,864
Capital assets (Note 4)	-	43,718,292	-	43,718,292	44,391,624
Total Assets	$ 5,470,401	$ 46,225,568	$ 1,279,799	$ 52,975,768	$ 53,764,386
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 3,074,991	$ 370,015	$ -	$ 3,445,006	$ 2,988,432
Accrued salaries	2,664,387	-	-	2,664,387	3,303,312
Vacation payable	5,624,841	-	-	5,624,841	5,326,538
Bank loans payable (Note 6)	-	331,202	-	331,202	601,229
Current portion of mortgages payable (Note 7	-	606,866	-	606,866	593,143
Current portion of capital lease obligation (Note 8	-	154,914	-	154,914	155,551
Deferred revenue (Note 9)	885,734	-	-	885,734	1,088,070
	12,249,953	1,462,997	-	13,712,950	14,056,275
Capital lease payable (Note 8)	-	146,239	-	146,239	316,874
Mortgages payable (Note 7)	-	9,704,158	-	9,704,158	10,315,879
Total Liabilities	12,249,953	11,313,394	-	23,563,347	24,689,028
Fund Balances:					
Invested in capital assets	-	32,404,898	-	32,404,898	32,249,903
Externally restricted	-	-	1,279,799	1,279,799	1,255,599
Internally restricted	-	1,240,894	-	1,240,894	1,362,382
Unrestricted	(6,779,552)	1,266,382	-	(5,513,170)	(5,792,526)
Fund balances – (Statement 2)	(6,779,552)	34,912,174	1,279,799	29,412,421	29,075,358
Total Liabilities & Fund Balances	$ 5,470,401	$ 46,225,568	$ 1,279,799	$ 52,975,768	$ 53,764,386

APPROVED BY THE BOARD:

DIRECTOR

DIRECTOR

(See accompanying notes to the financial statements)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2005

	Operating Fund			Restricted			
	Budget 2005 (Note 15)	2005	2004 (Note 13)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 Restated (Note 13)
REVENUES							
Saskatchewan Health - General Revenue	$ 101,475,227	$101,932,284	$ 96,849,966	$ 4,071,160	$ -	$ 4,071,160	$ 1,607,940
Other Provincial Revenue	1,197,249	1,406,773	1,307,819	-	-	-	-
Federal Government Revenue	83,339	109,687	84,718	447,017	-	447,017	456,497
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	-	-	-	-	-	-	-
Patient Fees	5,322,107	5,342,071	5,260,089	-	-	-	-
Out of Province Revenue (Reciprocal)	323,000	427,238	358,328	-	-	-	-
Out of Country Revenue	20,500	16,413	35,344	-	-	-	-
Donations	-	23,097	31,185	383,656	-	383,656	79,915
Investment Revenue	45,000	69,681	86,470	36,645	29,862	66,507	50,162
Ancillary Revenue	1,065,000	1,078,317	1,083,534	-	-	-	-
Recoveries	2,260,552	1,808,995	1,551,228	-	-	-	-
Other Revenue	73,000	621,591	310,510	14,771	-	14,771	-
	111,864,974	112,836,147	106,959,191	4,953,249	29,862	4,983,111	2,194,514
EXPENSES							
Province Wide Acute Care Services	1,209,548	1,203,822	1,085,412	-	-	-	-
Acute Care Services	41,067,600	42,132,190	39,487,032	2,718,831	-	2,718,831	2,688,677
Physician Compensation - Acute	7,982,855	8,260,020	7,164,856	-	-	-	-
Supportive Care Services	29,639,899	30,817,132	29,436,861	1,083,119	5,662	1,088,781	1,140,921
Home Based Service - Supportive Care	5,876,566	5,451,837	5,294,707	14,963	-	14,963	23,546
Population Health Services	3,767,530	3,405,084	3,615,788	15,430	-	15,430	18,236
Community Care Services	6,767,394	6,669,266	6,646,414	223	-	223	223
Home Based Services - Acute & Palliative	1,749,757	1,737,068	1,728,593	-	-	-	-
Primary Health Care Services	848,631	812,921	830,568	-	-	-	-
Emergency Response Services - RHA	2,275,206	2,207,712	2,144,982	-	-	-	-
Mental Health Services - Inpatient	3,323,063	3,421,596	3,304,805	-	-	-	-
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	1,192,887	1,197,814	1,075,575	-	-	-	-
Program Support Services	4,726,453	4,741,871	4,829,911	-	-	-	-
Special Funded Programs	760,226	784,167	708,878	-	-	-	-
Ancillary	611,498	625,106	665,630	176,361	-	176,361	162,519
Total Expenses (Schedule 1)	111,799,113	113,467,606	108,020,012	4,008,927	5,662	4,014,589	4,034,122
Excess (Deficiency) of revenues over expenses	$ 65,861	(631,459)	(1,060,821)	944,322	24,200	968,522	(1,839,608)
Fund Balances, beginning of year		(6,096,511)	(4,970,768)	33,916,270	1,255,599	35,171,869	36,946,555
Interfund transfers (Note 16)		(51,582)	(64,922)	51,582		51,582	64,922
Fund balances, end of year		$ (6,779,552)	$ (6,096,511)	$ 34,912,174	$ 1,279,799	$ 36,191,973	$ 35,171,869

(See accompanying notes to the financial statements)

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the year ended March 31, 2005

	Operating Fund		Restricted Fund			
	2005	2004 (Note 13)	Capital Fund	Community Trust Fund	Total 2005	Total 2004 Restated (Note 13)
Cash Provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (Deficiency) of revenues over expenses	$ (631,459)	$ (1,060,821)	$ 944,322	$ 24,200	$ 968,522	$ (1,839,608)
Net change in non-cash working capital (Note 10)	1,748,939	(776,642)	381,503	(9,805)	371,698	20,606
Amortization of capital assets	-	-	3,848,450	-	3,848,450	3,345,232
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	(14,771)	-	(14,771)	24,709
	1,117,480	(1,837,463)	5,159,504	14,395	5,173,899	1,550,939
Purchase of capital assets						
Land and leasehold improvements			(1,681)	-	(1,681)	(14,041)
Buildings/construction	-	-	(537,960)	-	(537,960)	(149,605)
Equipment	-	-	(2,636,547)	-	(2,636,547)	(593,255)
Proceeds on disposal of capital assets						
Buildings	-	-	2	-	2	8,325
Equipment	-	-	15,838	-	15,838	-
Purchase of long-term investment	-	-	-	-	-	-
	-	-	(3,160,348)	-	(3,160,348)	(748,576)
Repayment of debt	-	-	(1,039,297)	-	(1,039,297)	(1,008,543)
Net increase (decrease) in cash & short term investments during the year	1,117,480	(1,837,463)	959,859	14,395	974,254	(206,180)
Cash & short term investments, beginning of year	1,546,481	3,448,866	1,141,190	694,694	1,835,884	1,977,142
Interfund transfers (Note 16)	(51,582)	(64,922)	51,582	-	51,582	64,922
Cash & short term investments, end of year	$ 2,612,379	$ 1,546,481	$ 2,152,631	$ 709,089	$ 2,861,720	$ 1,835,884
Amounts in cash balances						
Cash & short term investments	$ 2,612,379	$ 1,546,481	$ 2,152,631	$ 709,089	$ 2,861,720	$ 1,835,884

(See accompanying notes to the financial statements)

SCHEDULE 1

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF EXPENDITURES BY OBJECT

For the Year Ended March 31, 2005

	Budget 2005 (Note 15)	2005	Restated 2004 (Note 13)
Operating			
Benefits	$ 11,718,604	$ 12,182,432	$ 10,952,547
Board Costs	153,680	134,745	157,168
Diagnostic Imaging Supplies	101,067	107,398	115,161
Drugs & Gases	2,037,232	1,757,674	1,677,757
Food	1,496,649	1,538,960	1,452,495
Grants to Ambulance Services	2,102,232	2,149,848	2,097,170
Grants to third parties	6,363,823	6,260,188	6,392,219
Housekeeping and Laundry supplies	560,580	735,350	570,969
Information Technology Contracts	200,875	190,888	147,842
Insurance	278,457	266,917	246,599
Interest Expense	7,850	11,571	26,159
Laboratory Supplies	751,752	795,920	785,281
Medical and Surgical Supplies	2,620,695	2,394,589	2,318,424
Medical remuneration and benefits	8,160,353	9,374,759	8,087,330
Office supplies and other office costs	434,914	421,017	398,787
Other	2,164,739	1,658,905	1,624,185
Other Referred-out Services	2,002,254	1,915,926	1,992,070
Professional fees	415,689	463,583	521,489
Prosthetics	659,865	567,572	507,076
Purchased services	1,383,697	1,331,830	1,414,018
Rent/lease costs	1,213,734	1,015,308	1,401,394
Repairs and maintenance	713,392	712,707	748,566
Salaries	62,422,509	63,695,914	60,965,125
Service Contracts	429,222	391,895	460,119
Travel	1,040,074	949,243	761,003
Utilities	2,365,175	2,442,467	2,199,059
	$ 111,799,113	$ 113,467,606	$ 108,020,012
Restricted			
Amortization		$ 3,848,450	$ 3,345,232
Loss on disposal of fixed assets		-	24,709
Other		166,139	664,181
		$ 4,014,589	$ 4,034,122

SCHEDULE 2

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INVESTMENTS

For the Year Ended March 31, 2005

	Amount	Maturity	Effective Rate	Market Value
Restricted Investments				
Cash and Short-term Chequing & Savings:	$ 1,984,316			$ 1,984,316
CIBC - Prince Albert, Sk	108,676			108,676
Spiritwood Credit Union	188,411			188,411
Shellbrook Credit Union	9,043			9,043
Shellbrook Credit Union - Equity	$ 2,290,446			$ 2,290,446
Term Deposits:				
Current				
Shellbrook Credit Union	$ 10,000	06/08/05	2.00%	$ 10,000
Shellbrook Credit Union	53,538	02/20/06	3.65%	53,538
Long Term				
Shellbrook Credit Union	132,000	06/01/06	3.25%	132,000
Shellbrook Credit Union	12,380	09/18/06	2.85%	12,380
Shellbrook Credit Union	111,764	03/25/07	2.35%	111,764
Shellbrook Scotia Bank	26,632	08/24/06	1.55%	26,632
Shellbrook Scotia Bank	28,650	02/19/07	5.00%	28,650
	$ 374,964			$ 374,964
Bonds:				
Province of Ontario	$ 108,357	09/08/05	3.45%	$ 108,767
Government of Canada	87,953	12/01/06	3.36%	88,713
	$ 196,310			$ 197,480
	$ 2,861,720			$ 2,862,890
Unrestricted Investments				
Cash and Short-Term Chequing & Savings				
Petty Cash	$ 9,295			$ 9,295
C.I.B.C. - Prince Albert, Sk	2,041,433			2,041,433
CIBC - Wood Gundy Cash	5,267			5,267
Other Holding Accounts	2,982			2,982
	$ 2,058,977			$ 2,058,977
Bonds:				
Government of Canada	$ 18,991	09/18/06	3.36%	$ 19,155
Government of Canada	129,200	12/01/06	4.01%	130,317
Manitoba Telecom Services	154,883	07/02/07	4.90%	158,371
Province of British Columbia	146,002	01/09/10	5.02%	151,507
Province of Ontario	104,326	09/08/11	4.45%	103,939
	$ 553,402			$ 563,289
	$ 2,612,379			$ 2,622,266
Total Investments	$ 5,474,099			$ 5,485,156

Restricted Investments consist of : community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A Division of Saskatchewan Municipal Government) (SHC) are held in the Capital Fund (Schedule 4).

SCHEDULE 3

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2005

	Balance, Beginning of Year	Investment and Other Income	Expenses	Transfers	Balance, End of Year
Kinistino and District Health Foundation Inc.	$ 454,045	$ 10,067	$ -	$ -	$ 464,112
The Birch Hills and Area Health Care Foundation Inc.	103,470	-	5,662	-	97,808
Shellbrook Union Hospital Board	563,685	17,525	-	-	581,210
Woodland District 27 Home Care	23,648	-	-	-	23,648
Prince Albert Parkland Regional Health Authority	110,751	2,270	-	-	113,021
Total	$ 1,255,599	$ 29,862	$ 5,662	$ -	$ 1,279,799

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2005

1. SASKATCHEWAN HOUSING CORPORATION DESIGNATED RESERVES

	Balance, Beginning of Year	Investment Income Allocated	Transfer from Unrestricted Fund Annual Allocation	Transfer to Unrestricted Fund Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance, End of Year
Birchview Home	$ 22,770	$ 579	$ 5,075	$ -	$ -	$ 28,424
Hafford Special Care Centre	6,578	-	4,250	3,052	-	7,776
Herb Bassett Home	503,125	11,377	49,740	41,517	278,610	244,115
Idylwild Lodge	2,614	-	10,000	1,718	-	10,896
Jubilee Lodge	95,000	2,097	2,659	4,757	-	94,999
Jubilee Units	80,054	1,729	-	-	-	81,783
Lakewood Lodge	17,204	-	9,100	-	-	26,304
Parkland Terrace	49,804	-	7,707	-	-	57,511
Pineview Terrace Lodge	40,867	792	8,460	6,955	-	43,164
Pineview Terrace Units	202,325	4,509	-	-	-	206,834
Wheatland Lodge	8,512	-	7,750	-	-	16,262
Whispering Pine Place	59,217	-	8,500	3,660	-	64,057
	$ 1,088,070	$ 21,083	$ 113,241	$ 61,659	$ 278,610	$ 882,125

The Regional Health Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

2. BOARD DESIGNATED RESERVES

	Balance Beginning of Year	Annual Allocation	Income Allocation	Transfer to Unrestricted Fund Balance	Balance End of Year
Begin Estate	$ 2,873	$ -	$ 63	$ -	$ 2,936
Capital Reserve (former PLHD)	9,019	-	-	9,019	-
Ferris Estate	52,760	-	1,152	-	53,912
Herb Bassett Home Chapel	7,084	-	155	-	7,239
Parkland Terrace	57,384	-	-	-	57,384
Poole Estate	15,571	-	340	-	15,911
Printing Equipment	84,398	-	1,842	-	86,240
Renal	36,379	-	794	-	37,173
Smith Estate	-	-	88,937	-	88,937
Watsang Estate	8,844	-	193	-	9,037
	$ 274,312	-	$ 93,476	$ 9,019	$ 358,769

Reserves are approved by the Board for designated purposes and are restricted from the Capital Fund Balances.

TOTAL INTERNALLY RESTRICTED FUND BALANCES:

	2005	2004
SHC Reserves	$ 882,125	$ 1,088,070
Board Designated	358,769	274,312
TOTAL	1,240,894	1,362,382

SCHEDULE 5

PRINCE ALBERT PARKLAND HEALTH REGION
CONSOLIDATED SCHEDULE OF
BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
For the year ended March 31

	2005				2004		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
Ewanchuk, R.	$19,419	$ 6,450	$ 6,101	$ 31,970	$19,213	$12,622	$ 31,835
Board Member							
Attrux, I.	6,188	2,989	3,950	13,127	5,038	5,171	10,209
Boechler, J.	4,738	2,050	1,256	8,044	4,500	3,401	7,901
Ferguson, L.	1,250	238	240	1,728	-	-	-
Gange, H.	4,900	1,634	2,395	8,929	5,000	5,303	10,303
Green, B.	1,363	313	362	2,038	-	-	-
Haysom, A.	1,350	263	134	1,747	-	-	-
Hill, L.	2,125	206	376	2,707	1,950	436	2,386
Leson, P.	5,638	813	1,289	7,740	4,905	1,486	6,391
MacDonald, D.	725	113	131	969	3,400	1,355	4,755
Morin, P.	5,713	1,006	860	7,579	4,838	1,654	6,492
O'Neil, C.	4,975	1,775	2,326	9,076	4,075	2,249	6,324
Saam, L.	4,633	1,121	1,391	7,145	5,146	2,963	8,109
Steen, W.	-	-	-	-	1,000	902	1,902
Bear, A.	-	-	-	-	450	214	664
					-	-	-
Total	$63,017	$18,971	$20,811	$102,799	$59,515	$37,756	$ 97,271

(1) Benefits includes employer CPP and all travel time

SCHEDULE 9

PRINCE ALBERT PARKLAND HEALTH REGION

CONSOLIDATED SCHEDULE OF

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

For the year ended March 31, 2005

	2005							2004			
					Severance						
Staff	Number of FTE's	Salaries[1]	Benefits and Allowances[2]	Sub-total	Number of FTE's	Amount	Total	Number of FTE's	Salaries, Benefits and Allowances	Severance	Total
Chief Executive Officer Prince Albert Parkland	1.00	$ 130,996	$ 12,085	$ 143,081	-	$ -	$ 143,081	1.00	$ 130,883	$ -	$ 130,883
Senior Positions											
VP Primary & Community Care	1.00	105,501	11,446	117,047	-	-	117,047	1.00	113,146	-	113,146
VP Acute & Emergency Services	1.00	108,953	11,305	120,258	-	-	120,258	1.00	122,495	-	122,495
VP Supportive Care	1.00	105,601	11,476	117,077	-	-	117,077	1.00	113,221	-	113,221
VP Acute		-	-	-	-	-	-	-	27,068	-	27,068
Chief Financial Officer	1.00	97,146	11,076	108,222	-	-	108,222	1.00	104,266	-	104,266
Chief Human Resources Officer	1.00	100,890	11,264	112,154	-	-	112,154	1.00	110,212	-	110,212
Communications Officer	1.00	48,024	7,107	55,131	-	-	55,131	1.00	38,419	11,989	50,408
Executive Assistant	1.00	50,287	6,762	57,049	-	-	57,049	1.00	56,408	-	56,408
Executive Director Research & Partnerships	1.00	88,683	10,238	98,921	-	-	98,921	1.00	97,976	-	97,976
Senior Physician Executive	0.50	99,412	3,708	103,120	-	-	103,120	0.60	93,422	-	93,422
Medical Health Officer	0.80	156,786	-	156,786			156,786	0.80	139,127	-	139,127
				-			-				
Total	10.40	$ 1,092,379	$ 96,467	$ 1,188,846	-	$ -	$ 1,188,846	10.40	$ 1,146,643	$ 11,989	$ 1,158,632

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria, and any other direct cash remuneration including sick leave and vacation.

(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances.

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY

NOTES TO THE FINANCIAL STATEMENTS

March 31, 2005

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Prince Albert Parkland Regional Health Authority was created by the Act. The Prince Albert Parkland Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Prince Albert Parkland Health Region.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i) The Regional Health Authority has agreements with and grants funding to the following CBOs and third parties to provide health services:

Canadian Mental Health Association
Cooperative Health
Family Futures
Prince Albert Council on Alcohol & Drug Abuse
Prince Albert Mobile Crisis Unit
PA Early Childhood Intervention
S.H.A.R.E
Blaine Lake Ambulance
Parkland Ambulance
Spiritwood Ambulance

Note 12b(i) provides disclosure of payments to CBOs and third Parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under the Income Tax Act): Mont. St Joseph Home Inc.

The Regional Health Authority provides annual grant funding to this organization for the delivery of health care services. Consequently, the Regional Health Authority has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the Regional Health Authority financial statements. Alternatively, Note 12b(ii) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the Regional Health Authority, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 12b(iii) provides supplementary information of the foundation.

b) Fund Accounting

The accounts of the Regional Health Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the Regional Health Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the Regional Health Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Regional Health Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Regional Health Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Regional Health Authority and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on the first in, first out basis.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

f) Investments

Investments are valued at the lower of cost or net realizable value.

g) Pension

Employees of the Regional Health Authority participate in several multi-employer defined benefit pension plans, or a defined contribution plan. The Regional Health Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Regional Health Authority expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Long-term receivable

Capital:
The Victoria Hospital Foundation has raised funds for the purchase of 105 beds and diagnostic imaging equipment for the Victoria Hospital Site. The assets have been purchased and the funding will be received over the next two years as follows:

2006 - $ 171,840
2007 - 138,124

Community Trust:
The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the Pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are included in Schedule 3.

4. Capital Assets

	March 31, 2005			March 31,2004
	Cost	Accumulated Amortization	Net Book Value	Restated Net Book Value (Note 13)
Land	$ 650,418	$ -	$ 650,418	$ 648,741
Land & Leasehold Improvements	842,451	674,839	167,612	163,237
Buildings	73,219,657	35,116,629	38,103,028	39,550,106
Equipment	25,839,438	21,042,204	4,797,234	3,944,732
Construction in Progress	-	-	-	84,808
	$ 100,551,964	$ 56,833,672	$ 43,718,292	$ 44,391,624

5. Commitments

a) Capital Asset Acquisitions

At March 31, 2005, commitments for acquisition of capital assets were $ 252,111 (2004 - $ 319,583).

b) Operating Leases

Minimum annual rentals under operating leases on property and equipment over the next three years are as follows:

2006	$11,631
2007	5,175
2008	5,175

c) Annuities

The former Prince Albert District Health Board received donations and entered into charitable annuity agreements with the donors to purchase annuities on the donor's behalf. The Regional Health Authority's liability under the agreements is to ensure that each donor receives the monthly annuity paid by the financial institution who issued the annuity. Upon the death of the annuitant the balance of the funds, if any, will be transferred to the Regional Health Authority. The asset and related liability have not been disclosed in the balance sheet due to the trust arrangements in effect and due to the uncertainty of future events.

6. Bank Loan

	2005	2004
Demand Loan, Canadian Imperial Bank of Commerce, at prime minus 0.25% repaid monthly at $25,935 principal and interest.	**$331,202**	$601,229

7. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2005	Balance Outstanding 2004
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	$105,483 principal & interest of which $24,329 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	$ **972,941**	$ 1,016,495
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	$59,100 principal & interest of which $18,253 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015	**648,492**	666,693
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest	**270,414**	273,588
Herb Bassett Home CMHC, due March 1, 2009	4.70%	$355,944 principal & interest of which $77,066 is subsidized by SHC, yielding an effective interest rate of 2% Mortgage renewal date – March 1, 2008	**1,296,918**	1,585,284
Idylwild Lodge CMHC due June 1, 2020	5.90%	$131,887 principal & interest of which $49,718 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2006	**1,330,344**	1,383,167

Jubilee Lodge CMHC, due November 1, 2020	6.22%	$62,342 principal & interest of which $29,025 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2006.	**625,789**	649,002
Kinistino Jubilee Lodge & Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	**89,934**	96,532
Lakewood Lodge CMHC, due September 1, 2021	5.90%	$117,573 principal & interest of which $44,302 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2006.	**1,244,216**	1,288,022
Parkland Terrace CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $38,985 forgivable at $1,695 per year over the life of the mortgage if regular payments are made.	**496,892**	506,179
Pineview Terrace Lodge & Units CMHC, due December 1, 2004	5.125%		-	20,075
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	$49,130 principal & interest of which $20,534 is subsidized by SHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015.	**505,964**	523,082
Wheatland Lodge CMHC, due April 1, 2026	5.90%	$109,699 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2006.	**1,328,477**	1,359,904
Whispering Pine Place CMHC, due July 1, 2023	6.87%	$143,289 principal & interest of which $48,962 is subsidized by SHC. Mortgage renewal date – June 1, 2005.	**1,500,643**	1,540,999
			10,311,024	10,909,022
Less: Current portion			**606,866**	593,143
			$ 9,704,158	$10,315,879

For each of the mortgages, the Regional Health Authority has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgage on the Herb Bassett Home by an assignment of rents and leases. Additional security is provided for the mortgages of Idylwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years is estimated as follows:

2006	$ 606,866	2009	$ 714,293
2007	$ 640,689	2010	$ 390,719
2008	$ 676,448	2011 and subsequent	$ 7,282,009

8. Capital Lease

a) Equipment has been taken on lease on terms, which transfer substantially all of the benefits and risks of ownership to the Regional Health Authority and are accounted for as a "capital lease", as though an asset had been purchased and a liability incurred.

	2005			2004
	Cost	Accumulated Amortization	Net Carrying Amount	Net Carrying Amount
Equipment under capital lease	$ 774,625	$389,963	$384,662	$496,071

The equipment is amortized on a straight-line basis over its economic life beginning in the year of acquisition.

b) Minimum annual payments under capital leases on equipment over the full lease term are as follows:

2006	$ 166,597
2007	164,133
Total minimum lease payments	330,730
Less: amount representing interest	(29,577)
Total Lease obligation	301,153
Less: Current portion	(154,914)
Long term portion	$ 146,239

9. Deferred Revenue

	Balance Beginning of Year	Less amount Recognized from Sask Health	Add amount Received from Health	Less Amount Recognized from other sources	Add amount Received from other sources	Balance End of Year
Aboriginal Awareness Funding	$ 19,446	$22,309	$26,108	$ -	$ -	$23,245
Acquired Brain Injury	333,481	-	-	652,249	505,354	186,586
Cognitive Disabilities	-	-	-	2,550	35,000	32,450
Cont. Education/Development	85,836	40,386	53,595	-	-	99,045
Family Support/Rehab	17,343	-	-	-	-	17,343
Farm Safety	779	-	-	1,089	310	-
Health Improvement Initiatives	-	-	22,000	-	-	22,000
Health Help Line Promotion	-	-	3,500	-	-	3,500
Hepatitis A/B	7,000	7,000	-	-	-	-
Infant Mortality	44,237	22,508	-	-	-	21,729
Kid's First	12,098	-	-	57,598	63,700	18,200
Medical Services Plan	290,513	290,513	9,000	-	-	9,000
MDS – Home Care	100,000	29,360	-	-	-	70,640
Needle Disposal Grant	-	-	-	5,382	8,200	2,818
Needle Exchange	-	4,000	4,000	-	-	-
Primary Care	50,000	48,009	171,727	-	-	173,718
Problem Gambling	11,281	-		11,281	-	-
Psychiatry Grant	-	-	51,500	-	-	51,500
Quality Health Workplace	-	-	71,070	-	-	71,070
Sask Immunization/PHIS	-	-	10,000	-	-	10,000
School Therapies Program	19,469	-	-	53,540	53,540	19,469
Team Facilitator	78,600	78,600	-	-	-	-
Telehealth	9,827	-	-	-	-	9,827
Tobacco Grant	8,160	13,266	19,000	-	-	13,894
Tobacco Resource Sharing Days	-	2,800	15,000	-	-	12,200
Youth Criminal Justice Act	-	-	17,500	-	-	17,500
Total	$ 1,088,070	$558,751	$474,000	$783,690	$666,104	$885,734

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund is recorded as revenue as the related costs are incurred.

10. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund	Community Trust Fund	Total 2005	Total 2004
(Increase) Decrease in accounts receivable	$ 2,374,467	$ (1,027,110)	$ 170,533	$ (9,805)	$ 160,728	$ 224,713
(Increase) Decrease in inventory	(108,955)	45,560	-	-	-	-
(Increase) Decrease in prepaid expenses	(219,219)	614,066	-	-	-	-
Increase (Decrease) in accounts payable	245,604	(1,792,749)	210,970	-	210,970	(204,107)
Increase (Decrease) in accrued salaries	(638,925)	1,164,565	-	-	-	-
Increase (Decrease) in vacation payable	298,303	95,504	-	-	-	-
Increase (Decrease) in deferred revenue	(202,336)	123,522	-	-	-	-
	$ 1,748,939	$ (776,642)	$ 381,503	$ (9,805)	$ 371,698	$ 20,606

11. Patient and Resident Trust Accounts

The Regional Health Authority administers funds held in trust for patients and residents using the Regional Health Authority's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2005 was $124,233 (2004 - $128,828). These amounts are not reflected in the financial statements.

	2005	2004
Patient/resident	**$ 100,690**	$ 105,299
Leoville Union Hospital –Pre-amalgamation	**23,543**	23,529
	$ 124,233	$ 128,828

12. Related Parties

These financial statements include transactions with related parties. The Regional Health Authority is related to all Saskatchewan Crown agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Regional Health Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Regional Health Authority is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2005	2004
Accounts Receivable		
Dept of Social Services	$ 1,646	$ 51,772
North Sask Laundry	107,709	-
SAHO	3,341	1,662
Sask Cancer Agency	7,769	12,145
Sask Health	124,840	-
S.G.I.	41,014	1,481
WCB	100,641	73,224
Accounts Payable		
Minister of Finance	40,191	-
North Sask Laundry	-	158,104
Sask Power	-	66,660
Sask - Tel	-	1,319
WCB	-	387,636
Revenue		
North Sask Laundry	267,851	210,231
S.G.I.	271,654	272,669
WCB	429,019	407,882
Expenses		
Athabasca Health Authority	136	-
Battlefords Hospital	129	322
Canadian Mental Health	131,041	137,041
Cumberland Regional College	150	-
Dept of Community Resources	401	850
Dept of Health	45,735	-
Health Quality Council	710	-
Minister of Finance	304,509	117,330
Northlands College	-	100
North Sask Laundry	1,705,936	1,869,773
North West Regional College	612	-
P.A.C.A.D.A.	316,153	323,260
Prairie North Health Region	163	8,816
Providence Health Care	-	640
Public Employees Benefit	239,581	242,169
Regina General Hospital	-	370
Regina Qu'Appelle Health Region	889	-
Royal University Hospital	1,369	1,927
S.A.H.O.	3,670,623	6,602,540
S.G.I.	956	1,461
S.H.A.R.E.	415,665	360,271
Sask Cancer	-	160
Sask Energy	617,732	571,626
Sask Mobility	86,284	88,964
Sask Power	958,622	946,066
Sask Property Management	672,454	640,460
Sask Transport Company	3,219	3,977
Saskatoon Health Region	17,814	-
Sask-Tel	343,258	362,437
SHEPP	3,380,720	-
St. Louis Rehab Center	597	-
Sunrise Health Region	212	-
Sunshine Health Region	120	-
University of Regina	-	2,643
University of Saskatchewan	2,937	75
WCB	1,216,555	1,587,633

In Addition, the Regional Health Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The Regional Health Authority has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the Regional Health Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Regional Health Authority provided the following amounts to CBOs and Third Parties:

	2005	2004
Canadian Mental Health Association	$ 131,041	$ 137,041
Cooperative Health	98,660	124,388
Family Futures	39,759	140,210
Prince Albert Council on Alcohol & Drug Abuse	316,153	323,260
Prince Albert Mobile Crisis Unit	64,810	64,810
Prince Albert Early Childhood Intervention	39,253	38,110
S.H.A.R.E.	415,665	416,422
Blaine Lake Ambulance	204,839	186,885
Parkland Ambulance	1,423,875	1,361,384
Spiritwood Ambulance	556,694	513,044
	$3,290,749	**$3,305,554**

ii) Affiliates

The Act makes the Regional Health Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Regional Health Authority. The Regional Health Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2005	2004
Mont. St. Joseph Home Inc.	$5,111,417	$5,118,357

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2005 and 2004.

Mont. St. Joseph Home Inc.:

	2005	2004
Balance Sheet		
Assets	$ 149,469	$ 358,628
Net Capital Assets	11,681,079	12,061,289
Total Assets	$ 11,830,548	$ 12,419,917
Total Liabilities	$ 924,629	$ 966,001
Total Net Assets (Fund Balances)	10,905,919	11,453,916
	$ 11,830,548	$ 12,419,917
Results of Operations		
RHA Grant	$ 5,111,417	$ 5,118,357
Other Revenue	1,609,838	1,546,342
Total Revenue	6,721,255	6,664,699
Salaries & Benefits	5,622,733	5,618,358
Other Expenses*	1,224,009	1,252,230
Total Expenses	6,846,742	6,870,588
Excess Revenue over Expenses	$ (125,487)	$ (205,889)
*Other Expenses includes amortization of $450,947 (2004 - $443,874)		
Cash Flows		
Cash from operations	$ 81,944	$ 36,300
Cash used in Financing Activities	(1,608)	(1,488)
Cash used in Investing Activities*	(70,737)	(31,874)
Increase in cash	$ 9,599	$ 2,938
*Cash used in investing activities includes capital purchases of $71,737 (2004-$31,874)		

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation. The Prince Albert Parkland Regional Health Authority has an economic interest in the Foundation. The foundation's total expenses include contributions of $56,807 (2004 - $365,522) to the Regional Health Authority.

The Foundation has not been consolidated in the Regional Health Authority's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended September 30, 2004 and 2003 are as follows:

Victoria Hospital Foundation:

Balance Sheet	2005	2004
Total Assets	$ 667,218	$ 375,061
Total Liabilities	40,098	6,379
Total Net Assets (Fund Balances)	627,120	368,682
	$ 667,218	$ 375,061
Results of Operations		
Total Revenue	452,190	449,715
Salaries & Benefits	112,116	119,178
Other Expenses*	81,636	412,267
Total Expenses*	193,752	531,445
Excess Revenue over Expenses	$ 258,438	$ (81,730)

*Total Expenses include contributions of $56,807 (2004 - $365,522) to the Regional Health Authority and amortization of $5,654 (2004 - $5,010)

Cash Flows		
Cash From Operations	$ 53,925	$ 99,072
Cash Used in Financing Activity	-	-
Cash Used in Investing Activity*	(8,409)	(6,019)
	$ 45,516	$ 93,053

*Investing Activities includes capital purchases of $8,409 (2004 - $6,019)

13. Prior Period Adjustment

During the year, the Regional Health Authority determined that in prior years, a building was being amortized at an incorrect rate. The Net Book Value of Capital Assets was understated by $610,136. The 2004 comparative figures have been restated and Excess (Deficiency) of Revenue over Expenses of the Restricted Capital Fund increased by $54,422.

14. Pension Plan

Employees of the Regional Health Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) – This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Regional Health Authority's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $3,856,706 (2004 - $2,896,289) and is included in benefits in Schedule 1.

Effective contribution rates are 6.55% (2004 - 6.55%) of pensionable earnings up to the yearly maximum (CPP) plus 8.23% (2004 - 8.23%) of pensionable earnings above the yearly maximum (CPP).

15. Budget

The Regional Health Authority Board approved the 2004-2005 budget plan on September 29th, 2004.

16. Interfund Transfers

Each year the Regional Health Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2005			2004		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	-	-	-	15,528	(15,528)
SHC reserves	(51,582)	51,582	-	(64,922)	64,922	-
Mortgage Payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
Total	$ (51,582)	$ 51,582	$ -	$ (64,922)	$ 80,450	$ (15,528)

17. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The Regional Health Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Regional Health Authority's receivables are from Saskatchewan Health - General Revenue fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

  cash and short term investments
  accounts receivable

accounts payable
accrued salaries and vacation payable

- For investments, the fair value is considered to approximate quoted market values.

- The fair value of mortgages payable before the repayment required within one year, is $10,608,444 (2004 - $11,478,882) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-Credit

Short-term borrowings are secured by promissory notes supported by Borrowing Resolutions and by an Assignment and Hypothecation of Revenues, and bearing interest at an interest rate of prime minus 0.25%, which is due on demand. Total interest paid on the short-term borrowings in 2005 was $16,962 (2004 - $34,314).

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2004 - $1,000,000) with an interest rate charged at prime minus 0.25%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2005 was $ 76 (2004 - nil).

18. Volunteer Services

The operations of the Regional Health Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

19. North Sask Laundry and Support Services Ltd.

Prince Albert Parkland Health Region is one of four shareholders of North Sask Laundry and Support Services Ltd. North Sask Laundry and Support Services Ltd. supplies laundry services to its owners for a fee that is intended to insure the laundry has sufficient cashflows to operate effectively. The Laundry is incorporated under the Saskatchewan Business Corporations Act and is treated as a for profit company for tax purposes. During the year the Board of Directors of Prince Albert Parkland Health Region passed a motion to guarantee a proportional share (1/4) of an operating loan for the laundry service, representing a potential liability of $ 100,000.

20. Contingent Liability

Joint Job Evaluation Reconsideration

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding the reconsideration.

As the final results of the reconsideration process are currently unknown, the cost of the reconsideration cannot be reasonably determined.

21. Comparative Information

Certain 2003-04 balances have been reclassified to conform to the current year's presentation.

Prince Albert Parkland Health Region

Personal Services Payment Disclosure, year ended March 31, 2005

ADAMS, ALAN	74,962
AHENAKEW, SHEILA	55,596
ALLEN, ALETA	73,997
ALLEN, MARLENE	69,912
ALLEN, OLGA	63,031
AMUNDSON, LUCILLE	52,614
ANAKA, KIM	64,393
ANDRE, BRENDA	50,480
ANTOINE, JANE	61,070
ARCAND, ROXANNE	52,303
ARCHER, MARGARET	61,770
ASMUSSEN, CRYSTAL	52,019
BAHR, FRED	80,931
BALICKI, LENNIE	63,473
BALICKI, LESIA	75,241
BALICKI, SHERRY	52,538
BALON, VERONICA	56,093
BALONE, CLAIRE	80,374
BALONE, YVONNE	54,085
BANNERMAN, LORETTE	90,647
BATTY, DARLENE	71,887
BEAULIEU, DOLORES	54,963
BEAURIVAGE, BRUCE	90,224
BENARD, ANITA	58,345
BENOIT, DENISE	74,617
BENSON, BARBARA	60,884
BENSON, LANCE	56,869
BERG, LYNNDA	106,020
BERG-KOLODY, LISA	54,052
BERGLUND, DONNA	56,531
BEST, MARGOT	53,632
BIBBY, BRAD	50,633
BILLAY, M. ELAINE	65,088
BIRDSALL, JUDY	69,649
BIRKLAND, CARROLL	59,073
BITSCHY, ROGER	63,008
BLAIN, BERNADETT	53,370
BLAIR, MICHELLE	59,590
BODNARCHUK, MARJORIE	72,106
BORSTMAYER, DAWN	59,508
BOYCHUK, LOIS	78,384
BRAD, DONNA	81,301
BRIDGE, GARY	74,962
BRIERE, DIANNE	63,822
BRISBIN, ESTHER	50,511
BRITS, NICO	327,527
BROST, CAROLYN	52,345
BRUCE, LYNN	57,364
BRYDGES, JOANNE	53,806
BUECKERT, SHERRY	59,379
CABALUNA, ROBERTO	62,932
CADIEU, BONNIE	57,079
CADMAN, COREY	64,688
CALLAGHAN, PATRICIA	61,333
CAMICHE, ALLISYN	57,149
CAMPBELL, CAROL	62,423
CAMPBELL, LORRAINE	57,974
CAMPONI, ROSA	59,414
CANNING, RANDY	68,346
CARRIER, JANET	50,770
CARRUTHERS, GLEN	65,486
CHAUDHRY, ZUBAIDA	252,986
CHESLEY, SHARONLEE	78,738
CHURCHILL, CAROLYN	61,809
CLARKE, GLENIS	51,524
CLARKE-GOERTZ, KIMBERLY	60,754
COCHRANE, MICHELLE	58,037
COOK, DONNA	62,870
COOK, WANDA	62,689
COOKE, GAYLENE	68,066
COOLING, JERRILYN	52,118
COTTRELL, KAREN	60,934
CRELLIN, MARGARET	73,539
CUTTING, EUNICE	51,939
CYR, MURIELLE	55,043
DAGENAIS, KAREN	73,010
DAGENAIS, SHAWN	50,489
DAHL, JANET	74,969
DANIELS, DORIS	55,927
DANIELSON, DEBRA	61,043
DARBYSHIRE, DIANA	75,600
DEIS, DIANA	55,867
DELPARTE, CORINNE	52,177
DENIS-BLAIS, DIANNE	72,318
DEWHURST, BONNIE	54,314
DICKSON, CATHY	51,764
DIEMERT, JACKALEEN	51,946
DIMLER, TARA	56,788
DOGNIEZ, HAL	63,473
DONALD, HELEN	71,282
DOROSH, PERPETUA	68,933
DOUGAN, BEVERLEY	71,887
DOWLING, DEANNE	66,135
DRIESCHNER, ARLENE	65,151
DUBYK, DEBORAH	59,476
DUMAIS, ARLENE	62,034
DURET, ALINE	52,338
EARING, KAREN	74,108
ECKEL, DANA	57,453
ELLIOTT, CHERLY	77,216
EMMERSON, ANGELA	60,392
ENNS, BRETT	71,887
EPP, DOROTHY	69,286
EWENCE, MARIANNE	67,465
FAMULAK, KEVIN	58,184
FEHR, DARLENE	64,682
FELAND, LESLIE-AN	59,445
FISHER DORTMAN, STEPHANIE	53,404
FISHER, BARBARA	72,336
FISHER, BONNIE	54,216
FITZPATRICK, TERRIE	53,814
FLODELL, LORIE	52,800
FORREST, JENNIFER	50,376
FOSSEN, HELEN	65,617
FRANC BEAURIVAGE, LYDIA	74,962
FRANC, JOANNE	65,759
FRENCH, THERESE	81,456
FULLER, SHARON	65,721
FYRK, LYNDA	64,195
GABOURY, LYNN	50,303
GASIOR, JOAN	106,188
GAUDET, DEAN	51,756
GAUDET, DORI	56,005
GAVERONSKI, NANCY	58,089
GETZ, BRENDA	51,478
GIBERSON, DONNA	50,867
GIGNAC, LAURA	54,884
GLASS, SANDRA	62,435
GOLLER, SHELLEY	64,628
GORECTKE, KATHRYN	51,457
GRAHAM, GAIL	86,048
GRAY, VIVIAN	75,659
GREGORYK, CAROL	71,887
GRIFFIN, SHARON	76,245
GUNN, KAREN	79,854
HALCRO, QUENTIN	76,214

Prince Albert Parkland Health Region

Personal Services Payment Disclosure, year ended March 31, 2005

HALSALL, DAWN	59,735
HAMILTON, TRUDY	62,979
HANCOCK, PEGGY	60,313
HARACH, MARY	57,329
HARRADENCE, LISA	64,159
HARRISON, LORAINE	67,422
HART, LYLA	70,343
HAYES, LINDA	69,894
HAYLEY, CAROLYN	52,477
HEEBNER, SONIA	59,504
HICKS, CARRIE	80,808
HILL, MARILYN	72,195
HILL, NANCY	67,905
HIPKISS, NADINE	58,245
HOLMGREN, KATHY	50,460
HORNUNG, JOAN	64,420
HRADECKI, KIMBERLY	51,881
HRENYK, LORETTA	53,183
HUNTER, KATHRYN	64,289
HUPAELO, CAROLINE	56,684
ILNISKY, JANET	66,527
IVERSON, CATHY	61,514
JACKOW, DEBORAH	78,698
JAHN, SONYA	56,869
JEROME, LOIS	67,149
JOHNSON, AUDREY	68,562
JOHNSON, LORRAINE	78,972
JOHNSTON, MERLE	50,265
JOO, CHERYL	55,900
JOYES, CARROLL	89,637
JURGENS, DOUGLAS	92,744
KACHER, JANE	65,871
KALINOWSKI, PEGGY LEE	59,617
KAMINSKY, DONNA	64,586
KAPTEIN, KAREN	76,108
KARDASH, JOHANNE	57,094
KAYTOR, LAURA	60,052
KAZMIRUK, ELOISE	88,437
KEATING, SANDRA	58,506
KENNEDY, MORGAN	97,689
KERLEY, MICHELLE	58,465
KIDNEY, JUDITH	52,437
KILANOWSKI, BOZENA	56,787
KNOKE, JULIA	78,624
KNUDSEN, ROBIN	61,790
KNUTSON, JANELLE	51,698
KOEBERLIN, LUCILLE	51,284
KOETSE, EDNA	67,141
KOLENDRESKI, DWAYNE	58,211
KOSOWAN, SYLVIA	50,460
KOTYK, JAELYNN	53,173
KOWALCZYK, CARMEN	63,310
KRAWEC, CARMEN	52,449
KRIDER, ROBERTA	56,016
KRUSHELNISKI, THERESA	68,288
KUTZAN, VIRGINIA	57,281
KWOK, JOANNE	77,184
LABINE, STEPHEN	90,224
LAFAYETTE, RUBY	55,539
LAI, YUN	69,794
LAJEUNESSE, JOANNE	69,737
LAMOTHE, MARILYN	71,809
LATURNAS, LAURIE	61,183
LAUDER, BRENDA	64,015
LAUTERBACH, BARBARA	62,502
LAYCOCK, LYLA	52,819
LEADERHOUSE, JODI	55,478
LEADERHOUSE, RICHARD	73,087
LEEB, SONYA	77,753
LEHMANN, DIANE	55,219
LEPAGE, ADRIEN	53,315
LESKO, CARLIE	50,356
LITTLE, GILLIAN	68,209
LLOYD, KELLENE	62,692
LONGHURST, DIANNE	73,881
LONGPRE, DONNA	101,279
LUCIER, DONNA	68,211
LUNDELL, LYNN	56,198
LYNDS, LAUREL	51,020
LYSITZA, CORINNA	61,734
LYSYK, IRENE	52,879
MACDONALD, KAREN	62,841
MADRAGA, LISA	64,121
MARION, IRENE	75,110
MARSHALL, PATRICIA	71,593
MARTODAM, ROSELINE	68,185
MARTSINKW, MARY-LOU	62,834
MASON, PAULINE	56,761
MATZNER, JULIETTE	65,724
MCAVOY, HEATHER	54,368
MCCREADY, DEBORAH	60,469
MCDONALD, BARBARA	66,288
MCDOUGALL, BRENDA	50,828
MCKINNON, LINDA	57,899
MCLEAN, CATHERINE	59,169
MCLEOD, DONNA	50,837
MCNAMEE, JUDITH	77,192
MEYERS, PAM	52,507
MICHALSKI, ROMAN	350,921
MIERKE, FLO	51,107
MILLER, LINDA	56,683
MILLER, RHONDA	57,919
MILLS, BRENDA	50,480
MOKELKI, LOIS	62,830
MOORE, DONNA	59,544
MOORE, KARIN	61,409
MORGAN, TAMARA	54,570
MORLEY, MICHELLE	62,910
MORROW, EVA MARIE	63,229
MOSS, LORI	50,086
MUIR, CATHERINE	63,593
MURRAY-BERG, DENISE	65,405
NAHACHEWSKY, DONNA	71,887
NELSON, BEATRICE	61,408
NELSON, DARCIE	58,440
NEUFELD, AGATHA	59,470
NEUMAN, ELAINE	61,114
NEWHOUSE, SANDRA	71,887
NICHOLSON, ELAINE	61,967
NICKLAS, MARVIN	68,188
NIKOLAISEN, CINTHIA	73,360
NORTHEY, JANICE	53,877
NYKIFORUK, PATRICIA	61,727
OLDE, STEPHEN	59,866
OLSON, SHARON	55,932
OLSON, SHERRY	51,002
OTTE, SHARON	54,589
PAINCHAUD, HEATHER	62,175
PALM, DONNA	69,584
PARCHOMCHUK, LYNN	61,510
PARENT, EYVETTE	63,297
PAUL, LENDRA	59,926
PELLERIN, JACQUELIN	62,612
PELLETIER, JEAN	67,294
PELLETIER, KARLA	73,894
PENZES, VERNA	50,480

Prince Albert Parkland Health Region

Personal Services Payment Disclosure, year ended March 31, 2005

PERREAULT, JUDITH	56,869
PERSON, BRENDA	72,486
PERSON, EVA	71,869
PHANEUF, SHAWN	66,583
PIGGOTT, JOHN	109,372
PILON, GAIL	65,710
POCHA, JANE	50,322
PORTER, BARBARA	72,472
PORTER, PAMELA	65,349
POULIN, LOUIS	99,412
PREDIGER, CHERYL	74,557
PRIESTLEY-BLAZIC, SANDRA	62,857
PROULX, JENNIFER	75,157
PUETZ, LEAH	52,630
QUINN, ANTHONY	64,419
RASK, LYNN	68,672
REED, COLLEEN	58,299
REED, JUNE	81,033
REGEL, FRANK	91,695
REINER, HEATHER	55,169
RINAS, SIGRUN	67,770
RISHCHYNSKI, KATHY	60,288
RITCHIE, HUGH	89,024
ROBIN, NICOLE	63,013
ROBINS, BARBARA	63,522
ROBINSON, SHERRY	62,804
RODIER, CAROLE	76,034
ROHOVICH, LINDA	54,210
ROLLES, CORY	55,505
ROSS, PAUL	69,144
ROSS, PENNY	66,102
ROSS, PETER	59,790
ROTH, ALICE	63,051
ROTHENBURGER, SUSAN	56,211
ROY, JEANNINE	52,822
SANDER, BEVERLY	66,380
SAYER, PATTI	83,068
SCRIVENER, DIANE	53,904
SEREDA, POLLY ANN	57,489
SERFAS, DENNIS	55,327
SHAW, STEPHEN	80,787
SHYLUK, LINDA	56,262
SIMPSON, FRANCES	61,966
SKARPINSKY, BETTY	67,381
SKIBINSKY, DEBBIE	53,938
SKIFFINGTON, RIKKI	55,864
SKINNER, SHARON	58,777
SMANDYCH, DONNA	65,591
SMITH-WINDSOR, GREN	140,718
SOMMERFELD, BRENDA	62,041
SPADEMAN, GAYE	55,903
SPRINGER, PAULETTE	86,958
STEFANYSHYN, CARI-ANN	54,951
STENZ, EDELTRUD	52,453
STEVENSON, CHERYL	66,827
STHAMANN, MICHELE	64,138
STRAUGHAN, TRACEY	59,845
STUART, PATRICIA	71,612
SUCHORAB, FRANK	73,360
SUCHORAB, LINDA	59,952
SURPRENANT, LORI	67,676
SUTTON, WENDY	61,550
SWANSON, MARLENE	53,116
THESEN, BARBARA	59,144
THOLL, BETTY	65,778
THOMAS, GERARD	59,072
THOMAS, YVETTE	60,985
THOMPSON, ELIZABETH	62,836
THOMPSON, TANNICE	64,432
TILFORD, TOM	65,039
TOLOFSON, ALANNA	50,459
TONER, KIMBERLEY	63,341
TOPPOZINI, CHRISTINA	54,697
TORBORG, ALICE	61,998
TOUROND, LORI	52,839
TRUEMAN, CAROL	67,647
TUCKER, NOLA	57,913
UDEY, CAROLYN	58,451
ULCH, GWEN	63,340
UNDERHILL, CARLA	77,197
WALL, CYNTHIA	52,181
WALTER, BARBARA	60,361
WARKENTIN, BARBARA	63,881
WASYLYSHYN, SHELLEY	66,860
WATTS, MURIEL	56,408
WICK, LINDA	55,849
WIEDERSPICK, MILDRED	60,497
WIEGERS, MARY	52,529
WIESE, MELISSA	62,907
WILSON, CHERYL	67,240
WILSON, SHELLEY	63,181
WINGE, DEBORAH	65,244
WISHNOWSKI, ARNELLE	59,900
WONSIAK, JACQUELIN	54,494
WOTHERSPOON, MURRAY	52,717
WRIGHT, DEBRA	50,706
WYAND, RON	58,348
YOUNG, HOLLY	68,890
ZALESCHUK, RICHARD	53,699
ZANIDEAN, DARLENE	61,475
ZANIDEAN, LORNE	53,953
ZELOWSKY, SUSANNE	60,074
ZWACK, MONIQUE	74,940

Prince Albert Parkland Health Region

Supplier Payment Disclosure, year ended March 31, 2005

MINISTER OF FINANCE	$191,506.38
ABBOTT LABORATORY DIAGNOSTIC DIV	61,345.59
ABBOTT LABORATORIES, LIMITED	613,899.56
ACMI CORPORATION	88,357.23
A LA CART INC.	524,119.26
ALCON CANADA INC	583,622.77
A.R. PLUMBING & HEATING LTD	82,925.00
DR. BAQIR-HUSAIN MEDICAL PROF CO	360,993.44
BAXTER CORPORATION-1	89,881.05
BAYER INC.	83,533.15
BHM MEDICAL INC.	67,608.16
BRATHWAITES OLIVIER MEDICAL INC	65,669.90
BUNZL DISTRIBUTION INC.	153,654.22
CANADIAN CORPS OF COMMISSIONAIRE	268,587.19
CEG ENERGY OPTIONS INC	538,410.48
CITY OF PRINCE ALBERT	293,658.43
CLARK, DR. ERIC	264,465.55
SU CANADA, LTD.	124,985.87
BECKMAN COULTER	87,557.42
3130827 CANADA INC (CPDN)	612,977.71
CUPE LOCAL 4777	677,816.62
DADE BEHRING	58,250.48
DATEX-OHMEDA (CANADA)	650,125.82
DELISLE COMPUTER CONSULTING	86,466.16
DE LAGE LANDEN FIN SERV CAN INC	110,857.15
DR. B. EMMINK	94,661.13
FRESENIUS MEDICAL CARE CANADA IN	89,947.50
GARACH, DR. ANIL	415,195.83
GRAHAM, GAIL	56,544.48
GRAND & TOY	220,714.46
GREAT WEST LIFE	410,998.59
HAMOUR, DR. FAISAL	52,500.27
HARRIS, DR. STEVEN	64,622.29
HEALTH SCIENCES ASSOC OF SASK	68,123.08
HILL-ROM CANADA	106,368.75
HORIZON COMPUTER SOLUTIONS	101,426.25
GAMBRO INC	101,202.34
HUSSAIN, DR. M.Z.	71,632.00
IBM CANADA	509,294.61
DR. RADU ILIE-HAYNES	89,799.31
JANSSEN-ORTHO INC	329,564.00
JB MEDICAL	168,211.39
JOHNSON & JOHNSON MEDICAL PROD	207,605.79
KIN ENTERPRISES INC	62,372.95
KUKKADI, DR. Z.	56,745.17
DR PEGGY LAMBOS MEDICAL PROF COR	71,060.55
CONMED LINVATEC CANADA	127,977.31
MARAIS, DR. S.	131,350.00
MCKESSON CANADA CORPORATION	326,457.62
MEDTEC MARKETING LIMITED	147,337.63
MINISTER OF FINANCE	108,499.35
MOMENTUM HEALTH INFORMATION SYST	191,233.38
MONT ST JOSEPH HOME INC	412,850.15
MONT ST JOSEPH	183,462.77
NICOLE ENTERPRISES INC	53,532.08
NORTHERN GROCERS INC	123,125.89
NORTH SASK. LAUNDRY & SUPPORT SE	1,705,936.32
OLSEN, DR. VAL	56,952.90
ORMED INFORMATION SYSTEMS LTD.	62,252.60
PRINCE ALBERT INSURANCE LIMITED	210,863.00
PARKLAND AMBULANCE CARE LTD	93,723.60
PRAIRIE MEATS	126,096.84
PRINCE ALBERT PHOTOCOPIER LTD.	63,510.51
PUBLIC EMPLOYEES BENEFIT AGENCY	239,581.15
RAJOO, DR. R.	128,783.39
RECEIVER GENERAL FOR CANADA- TAX	20,371,965.31
ROCHE DIAGNOSTICS	287,647.42
ROYEPPEN, DR. E.	53,503.61
RUDY'S ROOFING	60,769.29
RUSSELL FOOD EQUIPMENT LIMITED	79,442.88
S.A.H.O.	1,323,472.47
S.A.H.O. DENTAL PLAN	634,729.67
S.A.H.O. DISABILITY INS PENSION	1,425,042.83
S.A.H.O.	219,536.40
SANITEC CANADA	92,065.02
SAPUTO MILK DIVISION	138,446.52
SASK POWER - REGINA	85,002.44
SASKATCHEWAN PROPERTY MGMT CORP	672,454.48
S.A.H.O.	67,841.78
SCHAAN HEALTHCARE PRODUCTS	1,418,916.12
SHELLBROOK AGENCIES (1982) LTD	56,883.00
SHEPP	6,399,220.81
SIEMENS CANADA LIMITED	68,887.05
SASK ENERGY	617,731.99
SASKTEL MOBILITY	86,361.90
SASK POWER	873,620.03
SASKTEL	343,258.00
SASK WORKERS COMPENSATION BOARD	2,766,990.60
SMITH & NEPHEW INC	136,282.74
SOFTCHOICE CORPORATION	51,734.91
SOURCE MEDICAL CORPORATION	405,458.32
SRNA	144,708.94
STERIS CANADA LIMITED	57,777.82
STRYKER CANADA INC.	55,265.31
SUBRAMANIAN, DR. ANANTASIVAN	59,459.28
SASK UNION OF NURSES, (VIC)	52,506.51
SUNSPUN FOOD SERVICES	111,227.28
SASK UNION OF NURSES-REGINA	312,790.64
SYNTHES (CANADA) LTD	62,124.24
SYSCO FOOD SERVICES	899,103.52
TENNENT, DR. ALISON	68,390.12
THORPE BROTHERS LTD	54,170.01
TRANE SASKATCHEWAN	110,446.89
TSATSI, DR. L.D.R.	56,188.24
TYCO HEALTHCARE GROUP CANADA INC	94,067.07
UDOEYUP, DR E.	69,320.63
UNISOURCE CANADA FINE PAPER	52,832.63
VAN ZYL, DR. H.	57,535.34
VITALAIRE HEALTHCARE	94,761.66
WYETH CANADA C3142	51,065.26
ZEP FACTORY OUTLET	93,317.61
ZIMMER OF CANADA LIMITED	122,963.43